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County Council of the Parts of Lindsey
Lincolnshire.



ANNUAL REPORT

UPON THE

HEALTH AND SANITARY CONDITION OF THE COUNTY,

BY

R. ASHLEIGH GLEGG, M.D., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH.

1925.

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ROBERTS AND JACKSON, PRINTERS, 7a MAUDE STREET

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**PUBLIC HEALTH AND HOUSING COMMITTEE
FOR THE YEAR 1925.**

*Alderman S. GRAY, Chairman.

Ald. THE LORD HENEAGE (<i>ex-officio</i>)	Coun. G. CANTY
*Ald. SIR HICKMAN B. BACON, Bart.	„ *B. CLARK
Ald. J. FORRESTER (<i>ex-officio</i>)	„ Jos. COOPER
*Ald. G. A. BELLWOOD	„ T. DANN
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„ A. BORRILL	* „ T. LOBLEY
„ H. S. BURKINSHAW	„ L. K. OSMOND
	„ H. STAMP
	„ P. C. WRIGHT

*Branston Sanatorium Sub-Committee.

Representing Lindsey Insurance Committee:—

**MATERNITY AND CHILD WELFARE COMMITTEE
FOR THE YEAR 1925.**

Councillor ADA CROFT BAKER, Chairman.

The members for the time being of the Public Health and Housing Committee of the Council, and the following non-members of the Council :—

Mrs. W. H. RAWNSLEY Mrs. BUCKLE
„ HORNBSY „ M. A. MARRIS
„ G. E. SANDARS „ SHUTE
 Mrs. STEEDMAN

To the Chairman and Members of the Public Health and Housing Committee and Maternity and Child Welfare Committee of the Lindsey County Council.

LADIES AND GENTLEMEN,

This Report is required by Order of the Ministry of Health to give a survey of the whole field of the public health work of the County Council.

The field is a very wide one, for in addition to the health services provided directly by the Council for the benefit of individual citizens, the Council has supervisory powers over the sanitary administration of the Urban and Rural District Councils, which are the Local Sanitary Authorities, so that the County Council is indirectly responsible for the standard of sanitation in every part of the county.

The Health Service of the Lindsey County Council includes provision for :—

1. Maternity and Child Welfare.
2. The Care of the Health of School Children.
3. The Prevention and Treatment of Tuberculosis.
4. The Prevention and Treatment of Venereal Diseases.
5. The Welfare of the Blind.
6. Isolation Hospital accommodation for a large area in the north of the County of Lindsey.
7. The administration of the Rivers Pollution Acts, the Sale of Food and Drugs Acts, and of the Tuberculosis Order, 1925.

Each branch of the Council's health work is dealt with in this Report, with the exception of school medical inspection and the work for the welfare of the blind, which are reported upon separately. Comment is made upon the vital statistics of the County, and a summary is given of the health services provided by other statutory authorities and voluntary agencies.

The infant welfare and school medical services are perhaps the most important of the public health activities of the Council, for the health of the adult depends to a large extent upon early nurture.

It is therefore with regret that it has to be noted that the decline in the infant mortality rate, which had been recorded with satisfaction each year since 1918, has apparently become arrested. This makes it necessary for us to redouble our efforts to safeguard childbirth, and to protect infant children from all the adverse conditions that threaten them, whether

from environment, disease or maternal ignorance. There ought to be a speeding up of the provision of proper housing for the working classes, and a more thorough campaign directed to the combating of disease, and especially of venereal disease. It will be seen from Dr. Brunyate's report that the ante-natal clinics and special venereal diseases clinics for women have proved their usefulness, and these should be made more generally available throughout the county.

In connection with the report on the Maternity and Child Welfare service the Council should note the following points :

- (1) The continued fall in the birth rate.
- (2) The increase in the rate of infantile mortality.
- (3) The high rate of mortality in illegitimate infants.
- (4) The number of preventable deaths of women from child birth.

The recommendations are for :—

(1) The establishment of additional ante-natal and venereal diseases clinics and better medical attendance at all child welfare clinics through the appointment of one additional woman Medical Officer.

(2) An improved dental service for mothers and young children as well as for school children and tuberculosis patients.

In connection with the Tuberculosis Service it is recommended that in addition to improved provision for dental treatment there should be provided better facilities for X-ray examinations and improved after-care arrangements.

The Council's orthopædic arrangements are not described in the report as they did not come into force in 1925.

In regard to the public health work of the District Councils I am of opinion that as opportunity arises the post of Medical Officer of Health should be made by the District Councils a whole-time appointment, and the work combined with other health appointments such as School Medical Officer, Tuberculosis Officer, etc. A beginning has been made in this direction at Scunthorpe and Cleethorpes. In the latter case the appointment has been made jointly by the Cleethorpes U.D.C., the Grimsby R.D.C. and the County Council. In this way the authorities secure the services of a Medical Officer who has made a special study of public health and sanitary science, and who is free from the responsibilities of private practice. It is necessary to point out that Sanitary Inspectors should not be expected to be re-

sponsible for the executive duties connected with new health legislation without assistance. A number of instances have come to my notice which show that important work is being neglected where this is happening.

In conclusion I take this opportunity of thanking the Council for the consideration given to my reports during the year. It is being increasingly realised that every penny spent on improving the health of the people will be returned an hundredfold through the earnings of a strong and healthy population, and by a reduction in the enormous present expenditure caused by disease and invalidity.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

R. ASHLEIGH GLEGG.

County Health Department,
Corporation Street,
Lincoln.

14th June, 1926.

TABLE A,
VITAL STATISTICS FOR THE YEAR 1925.

Group.	Population estimated by Registrar General for Birth and Death Rates.	Births.	Deaths.	Infant Deaths.	Zymotic Deaths.	Phthisis Deaths.	Deaths from other Tuberculous Diseases.			Deaths from Respiratory Diseases.			Deaths from Cancer.		
							* No. Rate.			* No. Rate.			* No. Rate.		
							* No.	* Rate.	* No.	* Rate.	* No.	* Rate.	* No.	* Rate.	* No.
Borough and Urban Districts	122,274	2294	18.7	1345	10.99	155	67.5	33	.27	99	.81	30	.24	199	1.62
Rural Districts ..	138,126	2609	18.9	1629	11.79	167	64.01	35	.25	86	.62	22	.16	202	1.46
Whole County ..	260,400	4903	18.83	2974	11.41	322	65.67	68	.26	185	.71	52	.19	401	1.54
														368	1.41

* Rates calculated per 1,000 of the estimated population.

† Rates calculated per 1,000 of the registered births.

VITAL STATISTICS, MINISTRY OF HEALTH, TABLE I. (1925).

DISTRICT	Area in statute acres (land and water).	Inhabited houses at census 1921.	Persons per house at census 1921.	House census at census 1921.	Population estimated by Registrar General for Birth and Death Rates.	Death Rates.	General Birth and Death Rates.	Population estimated by Registrar General for Birth and Death Rates.	Census 1921.	Number.	Nett Births.	Deaths under 1 year of age.	Nett Deaths at all Ages below the age of Regis- tered Brit- ish Pop- ula- tion.	Rate per 1,000 Brit- ish Pop- ula- tion.	Nett Deaths at all Ages below the age of Regis- tered Brit- ish Pop- ula- tion.	Rate per 1,000 Brit- ish Pop- ula- tion.	Nett Deaths at all Ages below the age of Regis- tered Brit- ish Pop- ula- tion.	Rate per 1,000 Brit- ish Pop- ula- tion.	Nett Deaths at all Ages below the age of Regis- tered Brit- ish Pop- ula- tion.	Rate per 1,000 Brit- ish Pop- ula- tion.	Nett Deaths at all Ages below the age of Regis- tered Brit- ish Pop- ula- tion.	Rate per 1,000 Brit- ish Pop- ula- tion.
URBAN.																						
Alford	..	6,343	1,573	4.1	6,444	1.0	24	10.9	1.9	123	19.1	13	105.7	36	16.44							
Barton-on-Humber	..	462	721	4.6	3,442	7.4	65	18.8	1.1	1	17.1	1	15.4	92	14.27							
Brigg	..	1,185	5,586	5.1	29,000	24.4	498	0.4	71	23.8	5	76.3	250	13.07								
Cleethorpes	..	6,926	725	4.1	2,984	8.2	361	18.3	18	5	70.4	5	37	12.40								
Crowle	..	2,406	4,642	4.2	19,700	2.3	52	15.7	4	4	76.9	4	49.8	238	11.18							
Gainsborough	..	1,421	961	3.6	3,303	1.1	43	11.5	2	2	60.4	2	69	20.90								
Horncastle	..	2,749	2,586	3.7	9,430	3.4	149	15.8	1	1	121.2	4	38	10.24								
Louth (Borough)	..	3,168	424	6.7	3,710	2.1	33	16.3	1	1	83.3	2	36	17.82								
Mablethorpe	..	976	590	3.6	2,020	0.1	12	19.0	1	1	74.0	2	2	3.16								
Market Rasen	..	4,908	117	5.1	631	3.9	743	23.6	55	4	56.3	50	274	8.71								
Roxby-cum-Risby	..	7,895	5,167	5.2	31,430	2.5	71	14.7	1	1	30.3	1	50	10.36								
Scunthorpe	..	1,922	793	11.6	4,824	0.5	33	18.5	1	1	—	—	22	12.35								
Skegness	..	3,818	431	3.9	1,781	0.7	16	11.6	1	1	—	—	15	10.83								
Winterton	..	1,874	351	4.6	1,385	2.2	2	2,294	18.7	155	—	—	67.5	1,345								
Woodhall Spa	..	47,191	25,288	4.7	122,274	2.2	2	—	—	—	—	—	—	10.99	10.99							
TOTALS	..																					
RURAL.																						
Glanford Brigg	..	128,256	6,264	4.2	27,710	0.2	524	18.9	25	25	18.9	25	47.71	290	8.47							
Caistor	..	120,108	3,090	4.1	13,010	0.1	269	20.6	18	18	20.6	18	66.91	159	12.22							
Gainsborough	..	94,706	3,573	4.01	14,270	0.1	236	16.5	18	18	16.5	18	76.27	160	11.91							
Grimsby	..	43,201	2,690	4.5	13,680	0.3	270	19.7	27	27	19.7	27	100.00	143	10.45							
Horncastle	..	114,153	3,049	4	11,880	0.1	213	17.9	12	12	213	12	56.33	139	11.7							
Isle of Axholme	..	28,070	1,622	4	6,867	0.2	162	23.5	7	7	162	7	43.21	79	11.49							
Louth	..	154,627	4,468	3.9	16,819	0.1	306	18.2	16	16	18.2	16	52.28	222	13.2							
Sibsey	..	21,565	699	4.3	3,063	0.1	59	19.2	8	8	19.2	8	135.59	38	12.43							
Spilsby	..	128,211	5,258	4.1	19,827	0.1	361	18.2	23	23	18.2	23	63.71	276	13.91							
Wetton	..	83,712	2,686	4.1	11,000	0.1	209	19.0	13	13	19.0	13	62.20	123	11.18							
TOTALS	..	916,609	33,399	4.2	138,126	0.1	2,609	18.9	167	167	2,609	167	64.01	1,629	11.79							
TOTALS FOR COUNTY	963,800	58,687	4.4	260,400	0.2	4,903	0.2	322	18.83	322	18.83	322	18.83	2,974	11.41							

* Rates calculated per 1,000 of the estimated population.

1925.
MINISTRY OF HEALTH TABLES I. AND III.

CAUSES OF DEATH IN EACH DISTRICT AT ALL AGES.

DISTRICT.	Population estimated by Registrar General for Birth and Death Rates.	Births.	Deaths.	Enteric Fever.	Measles.	Scarlet Fever.	Whooping-Cough.	Diphtheria and Croup.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis	Tuberculosis of the Respiratory System.	Other Tuberculous Diseases.	Cancer.	Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, &c.	Heart Diseases.	Arterio Sclerosis.	Bronchitis.	Pneumonia (All Forms).	Other Diseases of Respiratory Organs.	Ulcer of Stomach or Duodenum.	Diarrhoea, etc., under 2 years.	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents & Diseases of Pregnancy and Parturition.	Congenital Debility & Malformation Premature Birth	Suicide.	Other Deaths from Violence.	Other Defined Diseases.	Causes ill-defined or unknown.	Special causes included in foregoing—poliomyelitis.	Total.
URBAN.																																					
Alford	2190	24	36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	36	
Barton-on-Humber ..	6444	123	92	..	..	..	..	..	1	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	92	
Brigg	3442	65	45	..	..	..	..	..	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	45	
Cleethorpes	29000	498	250	..	3	..	..	..	..	1	2	..	..	..	..	..	..	16	11	31	3	2	10	32	3	24	15	..	..	..	250
Crowle	2984	71	37	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2	2	9	..	..	3	4	..	..	..	..	..	37	
Gainsborough	19700	361	238	7	19	2	28	1	3	17	40	2	10	22	238					
Horncastle	3303	52	69	..	..	..	..	..	..	1	..	..	..	..	..	..	..	8	..	14	..	..	1	..	..	..	..	..	..	..	69
Louth (Borough) ..	9430	149	141	..	..	..	..	..	..	2	4	..	..	..	..	..	..	9	..	16	..	..	1	15	14	2	..	..	..	..	141
Mablethorpe	3710	43	38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	6	..	..	1	..	..	..	..	..	..	..	38
Market Rasen	2020	33	36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..	..	6	..	..	..	..	..	..	..	36
Roxby-cum-Risby ..	631	12	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
Scunthorpe	31430	743	274	1	2	1	4	1	7	2	24	10	24	1	3	13	23	7	21	26	274					
Skegness	4824	71	50	..	1	..	..	..	1	1	..	..	..	..	..	..	..	2	2	10	..	..	1	..	..	..	..	..	..	..	50
Winterton	1781	33	22	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	3	..	..	1	..	..	..	..	..	..	..	22
Woodhall Spa	1385	16	15	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	15
Total ..	122274	2294	1345	1	6	1	6	5	32	4	..	99	30	172	5	14	95	162	32	83	101	15	8	14	3	6	25	4	6	63	9	46	294	4	1	1345	
RURAL.																																					
Glanford Brigg ..	27710	524	290	..	1	..	4	3	18	..	1	15	5	20	1	4	17	46	8	9	21	4	1	2	3	1	10	11	..	15	70	290	
Caistor	13010	269	159	..	1	..	3	..	6	6	4	17	..	1	16	24	2	8	12	4	..	2	1	..	2	..	7	..	2	39	2	..	159		
Gainsborough	14270	236	160	1	..	9	9	2	19	..	2	12	9	6	24	10	2	1	1	2	8	1	3	39	160	
Grimsby	13680	270	143	1	2	..	6	12	2	10	1	2	1	26	1	9	10	2	1	4	1	..	11	1	5	34	143		
Horncastle	11880	213	139	1	..	5	8	1	18	..	3	11	20	2	7	7	2	1	2	..	2	3	..	1	7	1	4	33	139	
Isle of Axholme ..	6867	162	79	1	..	1	..	1	5	..	9	..	3	2	9	2	5	7	1	..	1	..	1	..	1	..	3	24	79			
Louth	16819	306	222	3	10	3	32	..	3	20	31	12	14	8	1	2	1	1	9	1	11	3	52	1	..	222		
Sibsey	3063	59	38	..	..	..	..	..	..	..	..	2	2	7	..	..	2	3	1	..	2	..	1								

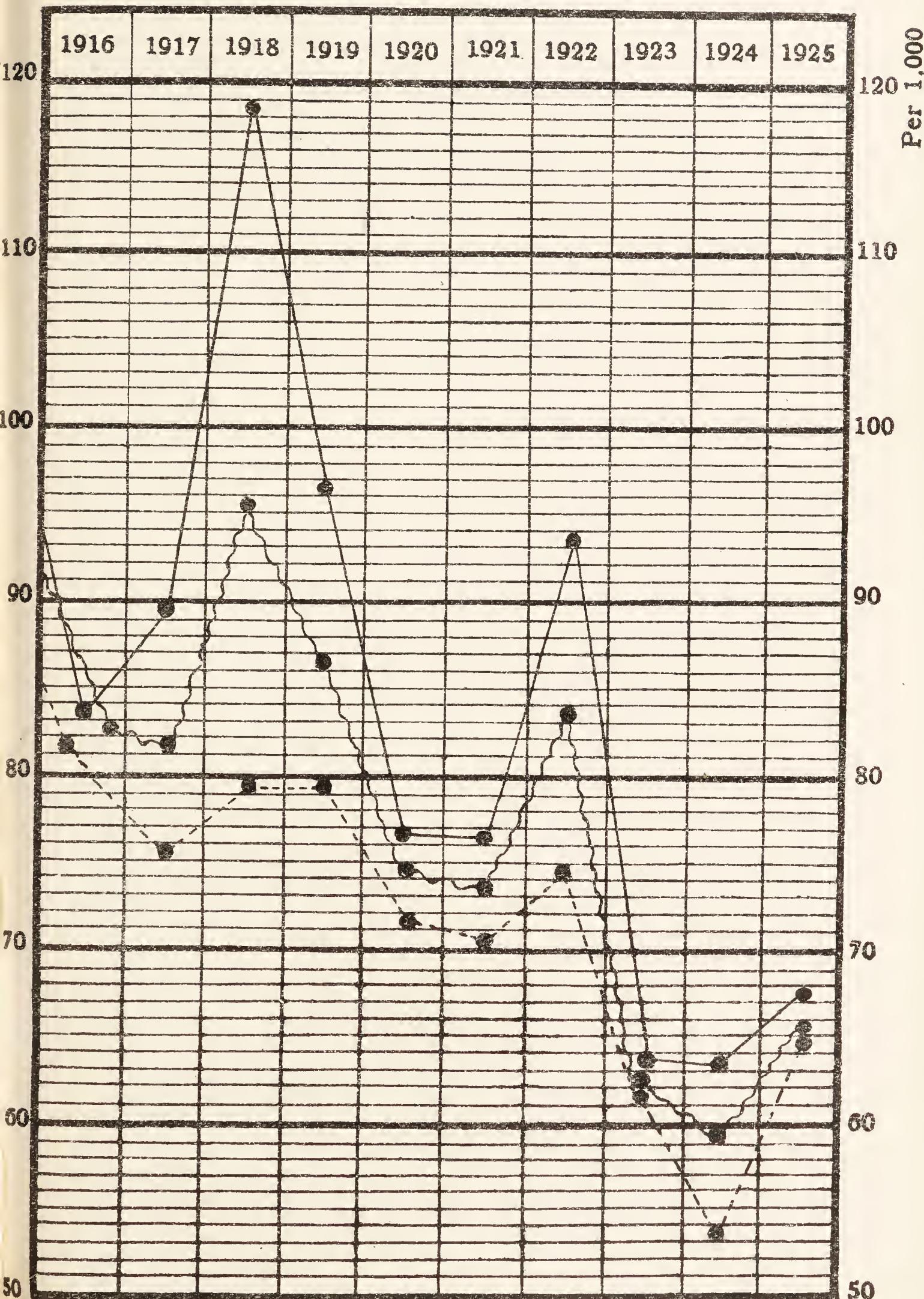
VITAL STATISTICS, MINISTRY OF HEALTH, TABLE I. (1925).

Chart showing Infantile Death Rates per 1,000 Registered
 Births during 10 years, 1916—1925

Urban Districts

Rural Districts

Administrative County



BIRTH & DEATH RATES FOR 10 YEARS. 1916 - 1925

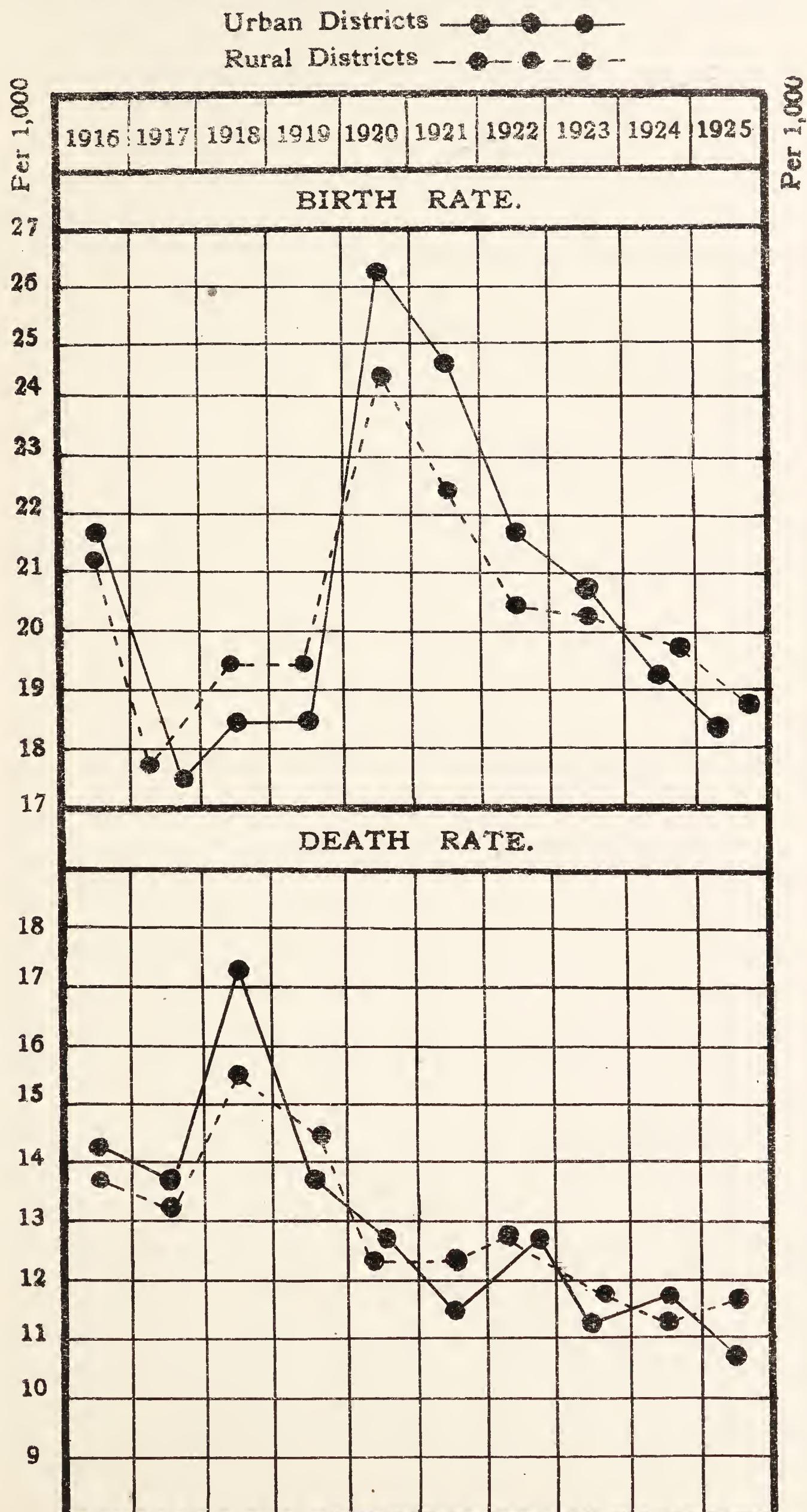
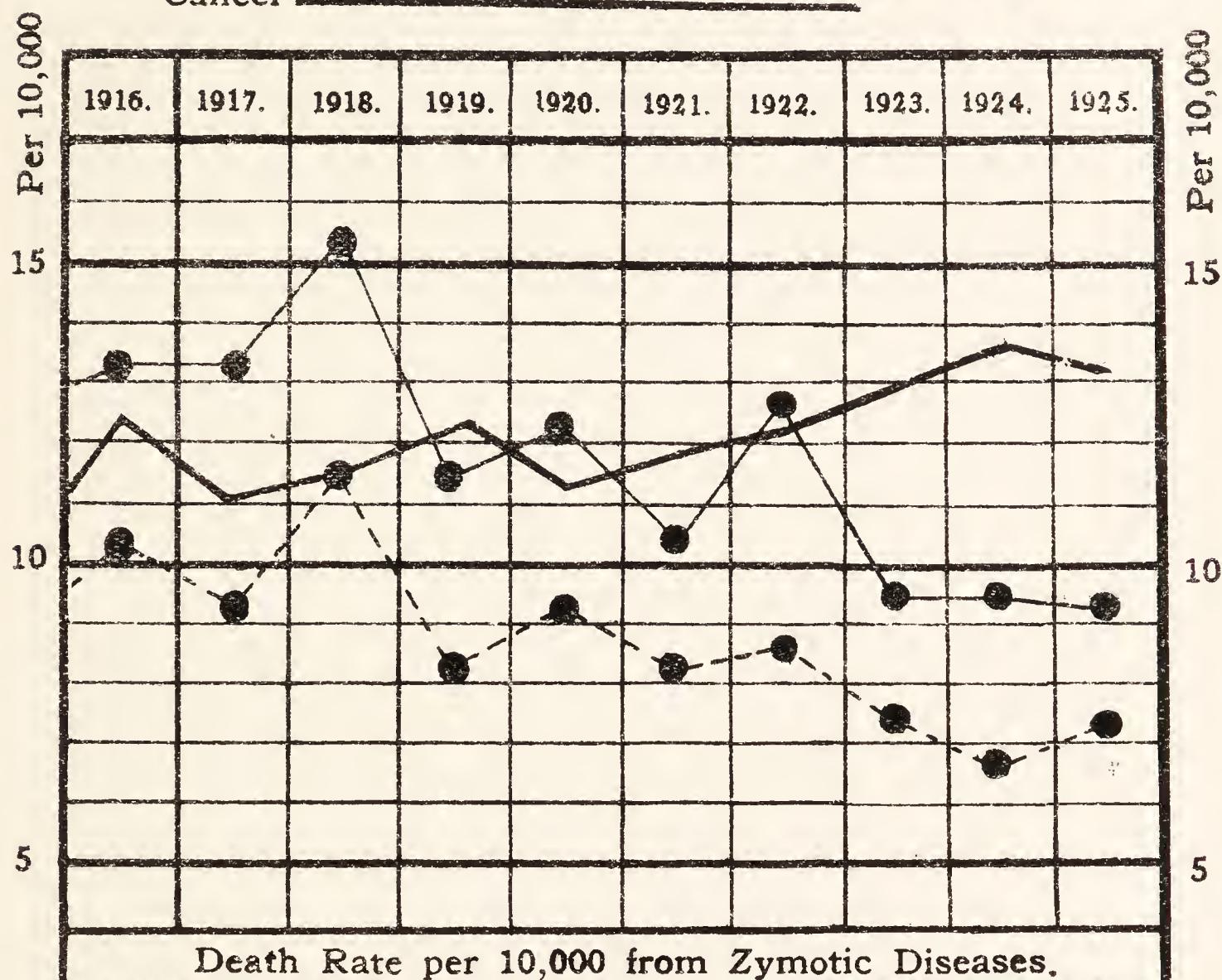
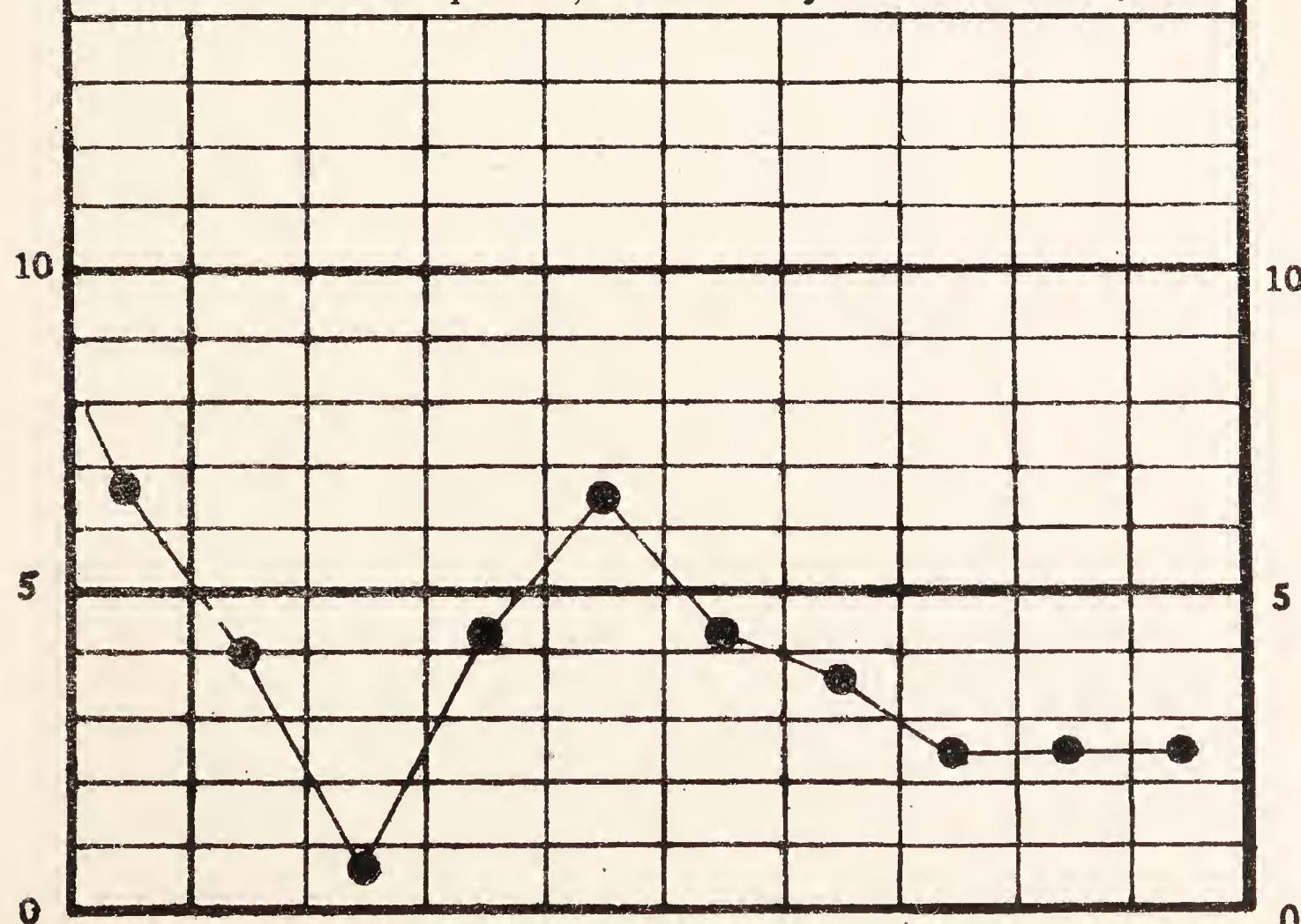


Chart showing Death Rates per 10,000 from Tuberculous Diseases in the County during 10 years, 1916-25

Total Tuberculous Diseases thus
Pulmonary Tuberculous
Cancer



Death Rate per 10,000 from Zymotic Diseases.



1925.

MINISTRY OF HEALTH TABLE III. (part of).

CAUSES OF ALL DEATHS IN THE COUNTY AT DIFFERENT AGES

Causes of Death	Under 1 Yr	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75 and over	T'tl
Enteric Fever ...	...	...	...	...	I	...	...	I	...	2
Small-pox ...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	4	I	3	...	...	...	...	8
Scarlet Fever ...	...	...	...	I	...	...	I	...	...	2
Whooping Cough ...	10	6	I	I	...	...	...	...	...	18
Diphtheria ...	...	...	2	6	...	...	...	I	...	9
Influenza ...	5	...	I	3	3	7	25	21	35	100
Encephalitis										
Lethargica										5
Meningococcal										
Meningitis				I	...	...	...	...	...	1
Tuberculosis of										
Respiratory System	I	3	I	8	59	76	31	6	...	185
Other Tuberculous										
Diseases ...	6	7	6	9	7	12	3	2	...	52
Cancer, Malignant										
Disease ...	I	...	...	2	3	19	148	117	78	368
Rheumatic Fever ...	...	...	...	2	I	2	2	..	..	7
Diabetes ...	...	...	...	I	2	2	5	10	7	35
Cerebral Hæmorrhage, &c ...	...	...	...	...	I	I	5	48	67	85
Heart Disease ...	...	...	...	...	5	6	14	102	139	122
Arterio-Sclerosis ...	...	...	...	...	...	...	...	11	36	33
Bronchitis ...	16	4	3	...	...	2	20	40	91	176
Pneumonia, all forms	56	12	10	2	9	16	30	31	25	191
Other Respiratory										
Diseases ...	I	2	2	2	3	3	10	5	6	34
Ulcer of Stomach or										
Duodenum ...	...	...	...	...	...	8	6	I	..	15
Diarrhoea, &c ...	26	3	...	2	...	...	...	3	2	36
Appendicitis and										
Typhlitis ...	...	...	...	3	...	3	2	..	2	10
Cirrhosis of Liver ...	...	...	...	...	...	...	6	4	I	11
Acute and Chronic										
Nephritis ...	...	2	2	I	2	6	21	13	17	64
Puerperal Sepsis ...	...	...	...	...	I	4	..	..	..	5
Other Accidents and										
diseases of pregnancy & parturition ...	...	...	...	...	3	10	..	..	..	13
Congenital Debility and Malformation										
—premature birth	150	4	I	I	..	..	..	..	..	156
Suicide ...	...	...	...	...	2	6	7	I	..	16
Other Deaths from										
Violence ...	6	2	3	3	9	36	16	7	9	91
Other Defined Diseases ...	44	14	8	18	13	51	93	113	327	681
Causes ill-defined or										
unknown ...	...	I	..	..	..	..	2	5	..	8
	322	64	44	74	128	287	594	620	841	2974

Note.—7 deaths entered in this Table by the Registrar General under "Diarrhoea" are given in the Table for all causes of death in administrative areas under the heading "Other Defined Diseases" (see Ministry of Health Tables I. and III.)

Tuberculosis statement giving the Cases and Case Rates, Deaths, and Death Rates in each of the Years 1913-25.

Year.	Pulmonary Tuberculosis.				Other Forms of Tuberculosis			
	Cases Notified	Case Rate per 1000 population	Deaths	Death Rate per 1000 population	Cases Notified	Case Rate per 1000 population	Deaths	Death Rate per 1000 population
1913	277	1.12	190	.77	92	.37	82	.33
1914	277	1.11	198	.79	74	.30	53	.21
1915	270	1.15	206	.87	71	.30	84	.36
1916	554	2.44	238	1.04	118	.52	59	.25
1917	309	1.36	215	.94	76	.34	81	.35
1918	367	1.62	269	1.18	63	.28	79	.24
1919	416	1.75	195	.82	94	.39	78	.32
1920	435	1.76	232	.94	100	.40	66	.27
1921	402	1.52	208	.82	105	.41	56	.22
1922	327	1.28	224	.87	112	.44	77	.30
1923	401	1.56	186	.72	135	.53	60	.23
1924	326	1.25	180	.69	154	.59	76	.29
1925	356	1.36	185	.71	149	.53	52	.19

Deaths from Heart Disease, Respiratory Diseases, Tuberculosis and Cancer, 1925.

Districts	Heart Disease		Respiratory Diseases (Non-Tuberculous)		Pulmonary Tuberculosis		Other Tuberculous Diseases		Cancer	
	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000
URBAN.										
Alford ..	5	2.28	5	2.28	1	.45	..	..	9	4.11
Barton-on-H. ..	8	1.24	12	1.86	9	1.39	1	.15	11	1.71
Brigg	4	1.16	5	1.45	4	1.16	2	.58	7	2.03
Cleethorpes ..	32	1.10	44	1.51	16	.55	11	.37	31	1.06
Crowle	3	1.0	5	1.67	2	.66	2	.66	9	3.01
Gainsboro' ..	40	2.03	34	1.72	19	.96	2	.10	28	1.42
Horncastle ..	8	2.42	6	1.81	8	2.42	..	..	14	4.23
Louth (Boro') ..	14	1.48	17	1.80	9	.95	..	..	16	1.69
Mablethorpe ..	4	1.08	3	.81	2	.54	..	..	6	1.61
Mkt. Rasen ..	7	3.46	4	1.98	1	.49	..	..	3	1.43
Roxby-cum-Risby ..	1	1.58	1	1.58	..	..	..	..	..	..
Scunthorpe ..	23	.73	49	1.56	24	.76	10	.31	24	.76
Skegness ..	6	1.24	11	2.28	2	.41	2	.41	10	2.07
Winterton ..	4	2.24	1	.56	1	.56	..	..	3	1.68
Woodhall Spa ..	3	2.16	2	1.44	1	.72	..	..	1	.72
Total ..	162	1.32	199	1.63	99	.81	30	.24	172	1.40
RURAL.										
Glanford										
Brigg ..	46	1.66	34	1.22	15	.54	5	.18	20	.72
Caistor ..	24	1.84	24	1.84	6	.46	4	.30	17	1.30
Gainsboro' ..	9	.63	34	2.38	9	.63	2	.14	19	1.33
Grimsby ..	26	1.90	21	1.53	12	.87	2	.14	10	.73
Horncastle ..	20	1.68	16	1.34	8	.67	1	.08	18	1.51
Isle of Axholme ..	9	1.31	13	1.89	5	.72	..	..	9	1.31
Louth	31	1.84	23	1.36	10	.59	3	.18	32	1.90
Sibsey	3	.98	2	.65	2	.65	2	.65	7	2.28
Spilsby	47	2.37	24	1.21	11	.55	2	.10	53	2.67
Welton	11	1.0	11	1.0	8	.72	1	.09	11	1.0
Total ..	226	1.63	202	1.46	86	.62	22	.15	196	1.41
Administrative County	388	1.49	401	1.54	185	.71	52	.19	368	1.41

AREA AND PHYSICAL FEATURES.

The Administrative County of the Parts of Lindsey, the northernmost division of Lincolnshire, has an area of 963,800 acres of land and inland water. It is roughly an oblong, about 60 miles long from south-east to north-west and 40 miles broad from south-west to north-east. It is bounded on the north-east by the river Humber and the North Sea, and on the south-east by the Wash.

The boundary on the south-west is the river Witham between Boston and Lincoln and the Foss Dyke as far as Saxilby, after which it is an artificial one to the river Trent, which continues the boundary line to East Stockwith. On the north-west the Isle of Axholme is separated from Yorkshire by an artificial and extremely irregular line. There are two long lines of hills, one, which is called the Cliff, stretches between Winteringham on the Humber and Lincoln. It consists of oolite limestone, and has a fairly sharp escarpment rising 100 feet or more from the western plain. The Cliff on the right bank of the Trent at Alkborough consists of new red sandstone. The other range of hills called the Wolds stretches with varying breadth from Barton-on-Humber to Spilsby. These hills are of chalk, and reach an elevation of 548 feet just above Normanby. The wide valley between the two ranges of hills is low-lying, and is drained chiefly by the river Ancholme in the north, and by the Barlings River in the south. The land to the west of the Cliff is practically the valley of the Trent, that to the east of the Wolds is an alluvial plain called the Marsh.

During the year the parishes of Mablethorpe, Trusthorpe and Sutton-on-Sea were amalgamated, and the area is now known as Mablethorpe and Sutton Urban District.

GENERAL STATISTICS.

Area (acres land and inland water) 963,800.

Population (1925) Registrar General's Estimate 260,400.

Number of inhabited houses (1923) approximate 60,875.

Assessable value for General County purposes £1,553,672.

Sum represented by a Penny Rate £6,474.

EXTRACTS FROM THE VITAL STATISTICS OF THE YEAR.

		Total	Male	Female	Birth Rate (R.G.)
Births	Legitimate	4632	2351	2281	
	Illegitimate	271	140	131	18.83
		Total	Male	Female	Death Rate (R.G.)
Deaths	..	2974	1553	1421	11.41

Number of women dying in, or in consequence of, child-birth :—

From Sepsis	..	..	..	..	5
From other causes	..	..	..	..	13

Death Rate of Infants under one year of age per 1,000 births :—

Legitimate—No. of deaths 282, Rate 60.88 ; Illegitimate—No. of deaths 40. Rate per 1,000 illegitimate births 147.60. Combined Rate—65.67.

Deaths from Measles (all ages)—8, or .03 per 1,000 of the population.

Deaths from Whooping Cough (all ages)—18, or .061 per 1,000 of the population.

Deaths from Diarrhoea (under 2 years of age)—29, or .069 per 1,000 of the population.

BIRTH RATE.

The birth rate has fallen very rapidly each year since 1920, and in 1925 it was almost as low as in the last years of the Great War.

The chart shows this very strikingly. The figures from 1920 to 1925 are :—

1920	25.32
1921	24.22
1922	21.13
1923	20.33
1924	19.75
1925	18.83

There was very little difference in 1925 between the rates in the urban and rural districts. The rural birth rate was only very slightly higher than the urban.

The fall in the birth rate is due to two main social tendencies, namely, the postponement of the age of marriage and the deliberate control of the number of children in a family. It has been said that the gravity of the falling birth rate is counteracted by the corresponding fall in the infant mortality rate. The flaw in this argument has been pointed out by Professor Leonard Hill, who has shown that while since 1883 there has been a drop in the birth rate per 1,000 persons living of nearly 50 per cent., the infant mortality rate, which is expressed **per 1,000 births**, has only fallen from 137 to 69, or a saving of only 70 infants per 1,000 born. In other words, the number of infants born per 1,000 of the population has been reduced by 50 per cent., but there has not been a 50 per cent. saving of infant life, but only a saving of 7 per cent. The housing shortage and unemployment are the chief causes of the delay in the age of marriage. Birth control, which is the other factor affecting the birth rate, is practised by the eugenically fit, whereas the mentally defective, the wasters and the degenerate propagate without restriction. The arguments used by those who artificially limit their families except on medical grounds are unsound, and the practice is harmful both to the individuals and to the State. The limitation of the family, it is said, will ensure that the children shall be of better physique, be better fed and better educated than if their number were unrestricted. This is not borne out by our past history or present day conditions. Large families were the rule in the past, and the evidence is all in favour of them, except as at present, when the parents were diseased, or of poor mentality or in a state of poverty, for the homes with large families were happy ones, the children on growing up were active and enterprising, and it was noteworthy that the firstborn was frequently the least fit physically of the family. How many of the great and famous men in our history were the seventh or eighth sons in a family? Is education now more expensive than it was, or are wages lower? Quite the reverse is the case, and with respect to food our present day knowledge teaches us that the nutritive value of different foods is frequently in inverse ratio to their cost, so that to-day parents may equally as in the past have large families, the members of which can, under our present conditions be physically fit, be well fed, and well educated. There is need for all that we can produce of our sound British stock to people

the Empire. What is required is that our people should realise that the rearing of a healthy family is a duty to the State, a duty which demands self-sacrifice, but which brings its own reward in the happiness and good fellowship of family life.

DEATH RATE.

Owing to a decrease in the number of deaths in the urban districts it is possible to record for 1925 a **decline in the County death rate** from 11.84 to 11.41 per thousand of the population. There were altogether 104 fewer deaths, the saving being at all ages except at the end of life, and unfortunately also at the beginning of life. There were 14 more deaths under one year of age and 21 more between 65 and 75. The **increase of infantile deaths** was due to various causes, but chiefly to pneumonia and diarrhoea.

The causes of death at all ages are set out in Table III. under 32 headings, of which the first 30 are well defined diseases or groups of closely related diseases of hygienic importance. The remaining two headings provide for a record of all other causes. Medical practitioners have been instructed by the Registrar General to use in their Certificates of Death only those terms which are recognised in the nomenclature of the Royal College of Physicians of London. In this way there is sufficient accuracy in the Returns to enable a useful comparison to be made from year to year in the relative frequency of certain diseases as causes of death.

Thus in 1925 there were 178 fewer deaths recorded from certain well defined diseases or groups of diseases, while from other diseases there were 74 more deaths. In more detail we note that there were 44 fewer deaths from influenza, 24 fewer from tuberculous diseases other than tuberculosis of the lungs, 23 fewer from pneumonia, 16 fewer from heart disease, and 17 fewer from cerebral haemorrhage. On the other hand, 28 more persons were certified as having died from bronchitis, 10 more than nephritis, and 6 more from arterio-sclerosis than in the previous year. On the whole the statistics of deaths give ground for satisfaction and for the hope that succeeding years will show a decline in the number of deaths, at any rate under 65, or in other words, will reflect better health and less invalidity amongst the people in the working years of life.

The fact, however, that the 1925 infantile mortality rate was higher than that for 1924 and that the remarkable decline in that rate since 1918 has apparently been arrested, makes it necessary to redouble our efforts to safeguard

childbirth, and to protect infant children from all the adverse conditions that threaten them. Measures for the prevention and combating of disease are the direct concern of the County Council, and are provided for by ante-natal, maternity and infant welfare and dental clinics and by clinics for the treatment of venereal diseases. The County Council have now decided to provide additional facilities for the treatment of women suffering from venereal disease by opening clinics staffed by the officers of the Maternity and Child Welfare Centres with a view to overcoming the reluctance shown by women patients to attend special clinics for the treatment of these diseases alone. With the present staff it does not appear possible to hold more than two such clinics. One has already been established at Gainsborough, and another has been sanctioned by the Council for Cleethorpes.

The County Council have power under the Maternity and Child Welfare Act to take measures to deal with the ignorance of mothers in regard to the care of their own health during pregnancy, and also with their ignorance of the elementary principles of infant rearing. They fulfil their obligation in this respect through health visitors, who visit and instruct mothers in their homes, and also through the activities of the Maternity and Child Welfare Centres, and of such ante-natal clinics as with the present staff it has been possible to provide.

In last year's Annual Report the Council were congratulated upon the success of the measures that had been introduced for safeguarding the health of infant children, but it was pointed out that only a beginning had been made with measures to deal with the injurious influences that operate previous to birth, namely, the conditions that cause the deaths from congenital debility, marasmus, or premature birth, which are still unaffected by our present efforts. It was recommended especially that there should be an extension of the ante-natal work of the Council, together with more effective measures against venereal diseases. To this end a scheme was prepared which provided for ante-natal clinics at all the present Infant Welfare Centres, for more adequate medical attendance at these Centres and for the treatment at all of them of women suffering from venereal diseases. This improvement in the efficiency of the service could be obtained by the appointment of one more medical officer with special experience of venereal disease. The scheme has not yet been adopted, but it is one that should be again considered in order that the infant mortality rate may be reduced.

Death Rates for past Ten Years.

In this Survey Report it is desired to compare the vital statistics with those for previous years. The comparison is best demonstrated graphically and charts are given showing at a glance the figures from 1916-1925 for urban and rural districts separately of (1) the General Rate of Mortality, (2) the Infantile Mortality Rate, (3) the Death Rates from Tuberculosis all forms, from Tuberculosis of the lungs and from Cancer. I commend these charts to the careful consideration of the Council. They afford reason on the whole for satisfaction and for the belief that our modern methods of combating disease are on right lines and should be continued with unabated energy.

MATERNITY AND CHILD WELFARE.

Midwifery.

Under the Midwives Acts, 1902 and 1918, the County Council exercise general supervision over all midwives in the County in accordance with the rules of the Central Midwives Board.

It is the duty of the Council to investigate charges of malpractice, negligence or misconduct, and they may suspend any midwife from practice if necessary to prevent the spread of infection.

The duties of the midwife are laid down in the Regulations of the Central Midwives Board, and include responsibility for the cleanliness and comfort and proper dieting of the mother and child during the lying in period, which is held for the purposes of the Rules, and in a normal case to mean the time occupied by the labour and the period of ten days thereafter.

In emergencies as defined in the Rules a midwife must summon medical help and the County Council is required under the Midwives Act, 1918, to pay the doctor's fee on an approved scale, with power to recover the money from the patient or from the husband.

The amount paid to medical practitioners in 1925 as fees for attendance on emergencies in midwives' practice was £379 7s. 6d., and £104 17s. 6d. was recovered from patients.

Provision of Midwives.

The County Council contribute 50 per cent. of the salary and expenses of 36 nurse-midwives employed by District Nursing Associations on condition that they act as midwives in their areas, and also as infant health visitors and school

and tuberculosis nurses. The supply of fully trained Queen's nurse-midwives is limited and difficulty has been experienced in obtaining sufficient nurses for the needs of the County. In consequence of this the County Council have for several years past assisted the Lincolnshire Nursing Association to train women to act as village nurses by giving nursing scholarships. Six scholarships of £60 were offered yearly by the Education Committee until 1st April, 1924, when the Board of Education ceased to recognise these scholarships for grant. The Education Committee then reduced the number to three of the same amount. The Central Midwives Board in 1925 revised their Rules in regard to the training of midwives and increased the minimum period of training from six months to a year, and the Ministry of Health in Circular 559 stated that as from 1st April, 1925, the Exchequer Grants in aid of the training of midwives would be made by the Ministry. These grants are to be on a new basis, namely, £17 per nurse-midwife appointed but not necessarily trained by a nursing association in 1925-26 or 1926-27, after which the grant is to be £30 per nurse-midwife appointed. It is not yet known how many nurses the County Association will be able to train with grants on this basis, and application has been made by them for a continuance of grants from the Education Committee in respect of the six months training in district nursing still required in addition to the year's training in midwifery.

To enable newly-trained village nurse-midwives to act with more competence as health visitors and tuberculosis nurses the Education Committee have arranged for them to spend a month at Branston Sanatorium, and to work for a further month at one of the large Infant Welfare Centres in the County before taking up duty as district nurses.

INSPECTION OF MIDWIVES.

Report by Miss Wright, Inspector of Midwives.

During the past year 104 Midwives have practised in the Lindsey area, and they have conducted 1,017 births out of the total number registered, namely 4903.

207 visits of Inspection and 16 special visits have been paid by the Inspector and her Assistant. New Midwives have started at Stallingborough and at Grimoldby.

The County Council's decision to subsidise a Midwife at Louth for one year has proved a great success, and the benefit to the women unable to afford the services of a doctor cannot be overestimated. She has now established a good practice of her own.

One case of Ophthalmia Neonatorum has been reported by a Midwife. The child was nursed by one of the County Council's two special infectious Nurses, and made a good recovery.

These two Nurses have also attended a number of cases of Ophthalmia Neonatorum occurring in Doctor's practices, and the skilled nursing which they have been able to give has, no doubt, in many instances been the means of saving the child's eyesight.

There have been three cases of Puerperal Septicaemia, two of whom unfortunately died. The third patient recovered.

Visits of investigation have been paid to two uncertified women reported to have acted as Midwives. Both proved satisfactorily that they had only attended the patients in emergency.

During the autumn 22 Midwives attended a course of Public Health Lectures in Nottingham, which included some excellent lectures on Midwifery. The County Council generously paid part of their expenses.

The notices sent to the local supervising authority were as follows :—

Medical Help	(Mother)	..	..	157
	(Child)	..	..	63
Stillbirths	..	..	..	26
Deaths	(Mother)	..	..	2
	(Child)	..	..	14
Laying out the Dead	..	..	..	44
Exposure to Infection	..	..	..	29
Artificial Feeding	..	..	..	30

Notification of Births.

The duty of notification of the birth of a child, whether born alive or still-born, is placed by the Notification of Births Act, 1907, upon the father of the child, and upon any person in attendance upon the mother at the time of or within six hours after the birth. This notification must be made within 36 hours after the birth. Under the Notification of Births Act, 1915, and the parts of Lindsey (Notification of Births Order) 1918, the County Council was declared to be the Authority for the administration of the Notification of Births Acts.

In addition to notification it is the duty of a parent to register the birth of a child with the District Registrar. A system of cross reference has been arranged to check the births notified by the births registered and vice versa.

Medical Staff for Maternity and Child Welfare.

The medical staff consists of two women medical officers, Dr. A. T. Brunyate, who is Senior Assistant County Medical Officer (Infant Welfare), and Dr. Gertrude MacLaren. Each gives approximately one-half of her time to infant welfare and one-half to eye refraction work and to the medical inspection of secondary girls' schools for the Education Committee. The Medical Officer of Health of the combined districts of Cleethorpes U.D. and Grimsby R.D. has charge of an Infant Welfare Centre at Little Coates.

Staff of Dental Surgeons.

There are three County Dental Surgeons, who give one-half of their time to the dental treatment of expectant and nursing mothers, and one-half to that of school children.

Mr. H. K. Ovey, stationed at Lincoln, attends the Infant Welfare Centres of Brigg, Gainsborough, Market Rasen, Horncastle, Kirton Lindsey, Keelby, Limber and Saxilby.

Mr. E. E. Lewis, of Louth, attends the Centres at Louth, Cleethorpes, Spilsby, Sutton-on-Sea, Laceby, Little Coates, Immingham, Skegness and Friskney.

Mr. W. R. Booth, of Scunthorpe, attends the Centres of Scunthorpe, Crosby, Ashby, Barton-on-Humber, East Halton, Haxey, Winteringham, Ulceby and Messingham.

Health Visiting Staff.

The County Council have arranged with the Lincolnshire Nursing Association to provide the required nursing staff. The Association have appointed 28 whole-time health visitors who act not only as infant health visitors, but also as school and tuberculosis nurses. There are also two special ophthalmia and infectious disease nurses, two venereal disease clinic nurses, and three dental attendants,

47 district nurses also act as infant health visitors in the villages included in their districts. The nurses, both whole-time and part-time, are supervised by the Superintendent, Miss Wright, and by the Assistant Superintendent, Miss Kinselle. All matters relating to infant health visiting are referred by the Association to a special Sub-Committee on which the County Council is fully represented, and through which the County Council have effective control of the administration.

The health visitors are expected to visit all infants from the time the midwife has ceased attendance as often as may be required to instruct the mother in the importance of breast feeding and in mothercraft generally. The supervision of infants is continued up to the age of 5 years.

As school nurses they attend school medical inspections, and follow up children requiring treatment for defects.

They also visit notified cases of tuberculosis.

By these visits the health visitors are brought in close touch with the homes of the people, and they are enabled unobtrusively to inculcate order and method in home management, and to advise on the bringing up of children, their hours of sleep, most suitable food, clothing, etc.

The health visitors as school nurses have also the disagreeable duty of inspecting children for pediculosis, and taking steps to secure the cleansing of verminous children.

Infant Welfare Centres.

The County Council have established 26 Infant Welfare Centres, to which all mothers are invited to attend for advice on health matters. They are held generally from 2-15 to 4 o'clock. One or more health visitors are always in attendance, and short talks and demonstrations are given when possible on subjects connected with mothercraft.

The County Council provide dried milk to expectant and nursing mothers and children up to three years of age. It is sold at less than cost price or given free to those who cannot afford to pay the full price.

Each Centre has a Committee of voluntary workers, who assist in the keeping of records, in preparing babies for weighing, in amusing "toddlers," and in promoting generally the social side of the work.

To encourage expectant mothers to attend for advice special ante-natal clinics are being formed when possible. The present arrangements are set out in tabular form below.

INFANT WELFARE CENTRES AND CLINICS.

ADDRESS OF CENTRE	Sessions Held		Medical Consultations Held	Average Attendance
	Day	Frequency		
ATTENDED BY DR. BRUNYATE.				
Barton-on-Humber, Westfield Road	..	Thursday	3 times in 8 weeks	38
Gainsboro', 1 Popplewell's Row, Bridge St.	..	Wednesday	3 times in 4 weeks	62
Horncastle, Rolleston House	..	..	Once a fortnight	42
Market Rasen, 18 King Street	..	..	Once a month	75
Scunthorpe, 5 Home Street	..	..	3 times in 4 weeks	26
Ashby, Wesleyan School, High Street	..	..	Once a month	16
Kirton Lindsey, Old Infants' School	..	..	3 times in 4 weeks	72
Saxilby, Women's Institute	..	..	Once a month	19
East Halton, The Hut	..	..	..	21
Haxey, The Hut	..	..	Once in 2 months	26
			Once a month	40
			Once a month	12
ATTENDED BY DR. MCLAREN.				
Immingham, Church Mission, Pelham Rd.	Monday	Fortnightly	Once a month	21
Louth, 32 Queen Street	..	Weekly	3 times in 4 weeks	25
Spilsby, 2 West End Villas	..	..	Once in 4 weeks	63
Cleethorpes, Wesleyan Chapel Hall,	..	..	Weekly	20
St. Peter's Avenue	..	..	..	103
Keelby, Church Institute	..	..	Once a month	83
Brigg, Town Hall	..	..	Fortnightly	8
Skegness, Baptist Chapel	..	..	..	12
Wintertonham, Temperance Hall	..	..	Once a month	26
Crosby, Parish Hall	..	..	Once a fortnight	32
Messingham, Church School	..	..	Once a month	22
Laceby, Temperance Hall	..	..	Once a month	29
Sutton-on-Sea, Wesleyan Meth. School	..	..	Fortnightly	11
Friskney, Women's Institute	..	..	Once in 2 months	51
Linby	..	..	Once in 3 months	55
Ulceby, Primitive Methodist Schoolroom	..	..	Once in 2 months	14
			Once a month	16
			Once a month	12
			Once a month	7
			Once a month	26
ATTENDED BY DR. PRITCHARD.				
Little Coates, Prim. Methodist Mission, ..	Monday	Weekly	3 times in 4 weeks	39
Stortford Street				52

* Once a month only in Summer months.

Maternity Hospital.

The County Council have provided a small but well-equipped Maternity Home (6 beds) at Scunthorpe. The staff consists of the Medical Superintendent, Dr. Lamont ; Matron, Miss Graham, and two qualified nurse-midwives. The cost is charged upon the Urban District of Scunthorpe and Frodingham. Each patient from the area of the Urban District is expected to pay at the rate of £2 2s. 0d. a week, and patients from outside £3 3s. 0d. This charge is reduced or remitted in necessitous cases. The County Council are responsible for the fees of patients from outside the district.

The County Council have arranged for maternity cases from the County to be received also in the Lincoln Maternity Home and Market Rasen Cottage Hospital. The Council endeavoured also to make arrangements for maternity cases to be received in the hospitals at Skegness, Gainsborough and Louth. The negotiations were unsuccessful at Skegness, but are still proceeding at the latter two places.

REPORT BY DR. ANNIE T. BRUNYATE
ON
MATERNITY AND CHILD WELFARE
IN 1925.

The infant mortality rate for the County is slightly higher than last year, 65.67 per 1,000, as compared with 59.99 per thousand last year. 171 of the deaths or more than half the total number occurred at under a month of age, 64 of them at under 24 hours. There were in the County 164 notified still births. The only effectual way of dealing with all this part of the infant mortality is through better ante-natal care of the mother, and in some cases through improved conditions at child-birth. There is an increasing recognition among the mothers of the value of Maternity Homes.

Maternity Homes.

25 patients from the County entered the Lincoln Maternity Home during the year. In 7 of the cases housing conditions were unsatisfactory, in 2 the patient had no doctor within easy reach. One patient suffered from phthisis, one from disseminated sclerosis, two from albuminuria, and one of them was treated in the Home during the latter part of the ante-natal period. In three cases Caesarean section was performed, and in three others the patients were sent in because it was feared the Caesarean section might prove to be necessary. There were no deaths of mothers. Two of the babies were still born, and a third died after a week as a result of a complicated labour.

The Scunthorpe Maternity Home is not yet as widely known, but the reports of it from mothers who have been patients in it shew real appreciation.

Arrangements are in progress for the provision of maternity beds if possible, in connection with Hospitals at Gainsborough, Spilsby, Market Rasen and Louth.

The progress of a Maternity Home will often be a little slow at first because mothers will often hesitate to leave their own homes for their confinements until they have had favourable reports of the Maternity Home from their friends, and during this period the success of the Home must depend largely on the support of doctors and nurses. The real demand for Maternity Homes is however always present independently of any advertisement, and it is a constantly increasing one among intelligent working women ; it is based

on the frequent absence of even decent accommodation for a normal labour in many overcrowded houses, and on the need in complicated cases for specialist treatment under good conditions.

Ante-natal Work.

The Health Visitors have paid in all 3,732 ante-natal visits during the year, rather more than 4/5ths of them having been paid by the part time Health Visitors in their capacity of District Nurses. The attendances at the ante-natal Clinics and those of expectant mothers on the doctors at the Infant Welfare Centres has been 266. Much more ought to be done. More Ante-natal Clinics are needed, and where they exist they should be held as a rule once a week. At present an Ante-natal Clinic is held at Gainsborough three times in four weeks, at Scunthorpe once a fortnight, and at Cleethorpes once a month only. Under this system both patients and midwives lose sight of the particular week in which the patients should attend, and successful running of the Clinic becomes very difficult. Unfortunately with our present supply of doctors we are almost at the limit of what we can do in this respect. The motor cycle allowance granted to Health Visitors should enable them to pay more visits to expectant mothers, and with a third woman doctor we should now be able to attack with hope of success the problem of a further reduction in infant mortality.

Home Visiting.

4,903 births were registered in the County as compared with **5,134** in 1924. There was failure to notify in 12.50% of the cases as compared with 12.52% in the preceding year. It is disappointing that there has been no real diminution in the number of un-notified cases. The average time which elapsed last year between the birth of a baby and the first visit of the Health Visitor has been $20\frac{1}{2}$ days in the notified cases, as compared with 49 days in the un-notified. The importance of this lies in the fact that the baby is often weaned before the end of the first month, so that a visit after 7 weeks often fails in respect of its chief object.

The number of infants seen and reported on for the first time was 4,877, as compared with 5,540 last year, but the total number of visits on infants and children is a little greater than last year.

The following table shows the whole number of home visits paid by the Health Visitors during 1925 :—

		Whole time Health Visitors.	Part time Health Visitors.	Total
Ante-natal visits	.. ..	664	3068	3732
1st visits to Infants	.. ..	4107	1113	5220
Re-visits to Infants	.. ..	14735	5212	19947
Children 1 to 5	.. ..	20772	6223	26995
		40278	15616	55894

In ordinary cases, the most important duty of the Health Visitor in the case of infants is to ensure that the child shall be breast fed if possible for the first 9 months of life. The task is often a difficult one—and where a mother is unwilling to feed her baby, or lacks confidence in her own power to do so, or where a baby does not seem to be thriving at the breast, success depends very largely on the frequency of the Health Visitor's visits. To obtain the best results breast fed babies not seen at Centres should be visited once a month for the first nine months. This has not been possible during the last year, but now that more of the Health Visitors will have motor cycles more ought to be effected in the future.

Unsatisfactory conditions found present at first visits by Health Visitors have been classified as in preceding years according as they concerned the house, the health of the parents or the baby. They are given below in tabular form.

HOUSE—5220.

		per cent.		per cent.
Not clean	.. ..	216	4.13	Dampness .. 128 2.45
Dirty	.. ..	27	0.51	Refuse nr. house 13 0.24
Ventilation unsatisfactory	.. ..	194	3.71	Overcrowded 112 2.14 (reported to local M.O.H.)
Unsatisfactory storage of Milk	..	286	5.47	Ill repair 97 1.85
Other insanitary condition	.. ..	139	2.66	

In 345 of the cases a report was sent to the local Medical Officer of Health, 15 condemned houses were in occupation—as a rule no further report was made on any of these to the local Medical Officer of Health.

In going through a series of the reports of the Health Visitors on sanitary conditions in the houses visited, it is abundantly clear that the reports are in a sense those of amateurs. One Health Visitor will be much more generally observant than another, some will very often notice the presence of certain special defects which others will never find to be present at all. On the whole the Health Visitors

do most useful work in calling attention to glaring defects which would otherwise go without report or remedy.

The following figures give an idea of the overcrowding which exists in certain cases:—

81 births occurred in houses where 6 persons occupied one bedroom

25	„	„	„	„	7	„	„
7	„	„	„	„	8	„	„
2	„	„	„	„	9	„	„

Health of Parents.

		No. reported on.	Health fair only.	Health bad.
Father	..	4812	127	41
Mother	..	5132	651	137

INFANTS.

		per cent.		per cent.
Not clean	..	31 0.63	Abnormal condition of umbilicus	216 4.42
Sleeping with mother, no cot	..	3007 61.53	Eyes	132 2.70
Using comforter	..	1556 31.84	Mouth	95 1.94
Not yet taken out of doors	..	629 12.87	Prematurity	248 5.08
Unsatisfactory form of bottle	..	6 0.12	Infants artificially fed	530 10.84
			Mixed feeding	214 4.38

13 cases of neglect or ill treatment were referred to the N.S.P.C.C.

In nearly every instance the mother welcomes the Health Visitor's visit, and will often complain if it is long delayed. In only 15 cases during the year was admission refused to a Health Visitor.

INFANT WELFARE CENTRES.

The total number of attendances at Infant Welfare Centres during the year was 27,984 of mothers, 17,113 of infants, and 15,748 of children. The total attendances of infants and children together were 1,677 higher than in the preceding year.

2,507 of the infants and children attending the Centres made a total of 6,809 visits to the Clinic doctors, the numbers of the children being made up as follows:—

New Cases.	Boys.	Girls.	Total.
Infants	574	497	
Children 1—2	57	71	
Children 2—5	107	135	1441

Referred cases, *i.e.*, cases which had already been seen by the Clinic Doctor in the preceding year or years:—

			Boys.	Girls.	Total.
Infants	..	..	157	143	
Children 1—2	..	..	143	160	
Children 2—5	..	..	212	251	
					1066
	New cases	..	..	1441	
					—
					2507

The Centres have been carried on on the same general lines as in preceding years. The arrangements for the attendance of doctors are almost the same as last year.

School Clinics have been held in connection with most of the village centres. The main object of the Infant Welfare Centres is educational, and some of the mothers are eager for advice. A mother will also often welcome very much the opportunity of bringing a child to the clinic doctor to obtain a diagnosis and to find out whether the case is a serious one for the treatment of which a doctor should be called in. Treatment of minor ailments helps to popularise the Centre and to enable those mothers who do not naturally welcome instruction, at least to suffer it more patiently. Contact with other mothers at the Centres stimulates the idle and careless ones to greater exertion on behalf of their children. Weakly despondent women often take much encouragement from the interest taken in them and their babies by the voluntary workers.

About a quarter of the mothers were seen on account of their own health.

Diseases and defects from which the infants and children suffered at the time of their first visit to the clinic doctors were classified as follows:—

Disorders, diseases and defects of the gastro-intestinal system (chiefly minor disorders)	..	..	..	337
Marasmus and malnutrition	..	..	..	80
Malnutrition (older children)	..	..	..	28
Pretubercular conditions and debility (older children)	..			28
Rickets	..	..	..	49
Deformities, congenital malformations and defects (exclusive of cases of phimosis)	..			49

Diseases of respiratory system	101
„ circulatory system	16
„ muscular system	4
„ genito urinary system	4
„ the ear	22
„ the eye	47
„ bones	2
„ glands	30
„ the nervous system	20
Mental Defect	3
(?) Mental Defect	2
Diseases of the Skin (chiefly minor ones)	107
Herniæ (exclusive of umbilical herniae)	17
Infections	23
Abcesses and septic conditions	
Adenoids	15
Enlarged Tonsils	10
Enlarged Tonsils and Adenoids	11

Dental Treatment for Mothers.

The benefit of the health of the mothers as a result of dental treatment is often very noticeable.

The Health Visitors are making great efforts to impress upon the mothers the importance of suitable diet as a means of prevention of dental caries in children.

Dried Milk.

Dried milk has been supplied as in previous years by the County Council for the use of nursing and expectant mothers, such infants as cannot be breast fed, and children under 5 years of age. In necessitous cases the milk has been allowed free, or at a reduced rate; the definition of a necessitous case has remained the same as last year. The following figures shew the expenditure on dried milk for the financial year ending March, 1926:—

	£	s.	d.
Total cost of Dried Milk sent to Centres, or to Village Distributors	350	4	7 0
Total loss on milk	857	7	7
			or 24·4%

69 voluntary workers have acted as village distributors of milk during the year. Much gratitude is due to them, and to the voluntary workers who have helped at Infant Welfare Centres for all that they have done during the year on behalf of the health of mothers and children.

MATERNITY AND CHILD WELFARE DENTAL SERVICE.

Reports by the County Dental Surgeons.

1. BY MR. E. E. LEWIS, D.D.S.

Nursing and expectant mothers have received dental treatment along the same lines as in previous years, and a great deal has been done to render the mouths functional and in a fit state to receive artificial teeth.

A large percentage of the mothers who present themselves for treatment show conditions which justify nothing short of complete extractions. Such a state of affairs results in the constant swallowing of septic matter, the endless formation and breaking down of abscesses, and the inability properly to masticate food.

When one considers that patients attending these clinics are either expectant or nursing mothers, the above condition must of necessity be detrimental to the health of the mothers and their offspring. Experience shows that where a school child has received treatment, the mother invariably follows at a later date, to have her own mouth examined or treated as the case may be, thus breaking down the tradition that carious teeth and unhealthy mouths are of little importance to general health.

One feels that propaganda work on an extensive scale is required to inculcate in the minds of the parents a desire to preserve their own teeth as far as possible, rather than allow matters to develop until this method of treatment becomes impossible.

During the year 1925 excellent attendances have been recorded, and it is pleasing to note that individuals have attended far more regularly than during previous years. Valuable assistance has been rendered by many of the nursing staff in advising mothers about their teeth.

The arrangements at various clinics have also been excellent, and thanks are due to those nurses who make it their duty to see that mothers in need of treatment actually come to the Centres for attention.

2. BY MR. W. R. BOOTH, L.D.S.

Considering the impossibility of all expectant and nursing mothers in Lindsey receiving dental treatment from two dental surgeons, giving only half their time to the Maternity and Child Welfare Work of the County, it is not to be wondered that there was a large arrear of work in this area when I took over in January.

Every endeavour has been made to give these long suffering mothers attention, but as yet it has not been possible to wipe off all the arrears.

The attention given to mothers has been greatly appreciated in every case, and I cannot recall an instance where, when treatment was commenced, the mother did not continue to attend till its completion.

Great efforts have been made to treat teeth by conservative methods, though the time taken to do so is infinitely greater than would be required to extract them. However, in most cases conservation was impossible, as less than ten per cent. of unsound teeth were found to be savable.

All mothers report an improvement in health after the removal of septic teeth.

In one case a mother reported on her first visit that her baby, aged 10 weeks, had vomited after every feed (breast fed) from birth. Ten septic teeth were removed, and the mother, four weeks later, reported that not only did she feel much better, but that the child had not vomited on any single occasion after the operation, that it was improving rapidly, and that it had slept much better. All this combined to make the mother's life happier. She was a poor woman who could not have obtained treatment privately, and her case illustrates how much the dental service of the County is "worth while."

The large majority of mothers gladly pay the fee according to the Council's scale, but really necessitous cases are by no means uncommon, and about nine per cent. of the visits for extractions have been made without payment.

Many children under five years of age have been brought to the dental clinics, and it is remarkable with what confidence these children accept treatment. Perhaps one tooth has been giving trouble. When that tooth has been treated, not only without giving the child any pain, but also relieving the pain it had before, that child's confidence is maintained, and it will willingly come again and again. Dental defects can then be prevented or remedied with little inconvenience to all concerned, and the child's chance of a healthy mouth throughout life is greatly enhanced. In these cases, as with all children, the greatest difficulty lies with the parent. It is really hard to make parents understand that annual inspection, and treatment if necessary, are essential to the child's well being, and that it is nothing less than wicked to

allow a child to suffer for days and often weeks, and even months, with toothache—a pain which the modern child should never know.

The number of mothers at present actually attending for operative treatment, or whose operative treatment is completed, and who must necessarily be fitted with dentures shortly, will occupy the whole of the time available to Maternity and Child Welfare Work during the first six months of 1926.

3. BY MR. H. K. OVEY, L.D.S.

Mr. Ovey contributes a valuable Report of a more technical character. He insists on the vital importance of a more general recognition of the need for care of the teeth from the earliest age, and points out that as the milk teeth remain until the eleventh year they, if decayed, can cause not only pain but also interference with the calcification and eruption of the permanent dentition. An unhealthy mouth in a young child often leads to malnutrition and septic absorption. Mr. Ovey is not satisfied with the amount of milk taken by young children. Milk, which is the principal source of calcium, is required to make the teeth resistant to decay. This is borne out by recent animal experiments. Through the Maternity and Child Welfare service every effort is made to persuade mothers to continue to give milk to children after they are weaned. The matter is one of considerable importance, particularly because milk is so frequently, almost, if not quite, unobtainable by the working class in the country. The difficulty is met at the Infant Welfare Centres by the supply of dried milk.

Dental Treatment in Lindsey, 1925.

No. of half days ..	663	No. of administrations ..	
No. of mothers inspected ..	836	of G.A. ..	489
No. of mothers treated ..	804	No. of impressions taken ..	523
No. of extractions ..	4548	No. of bites taken ..	359
No. of fillings ..	231	No. of dentures tried in ..	367
No. of clearances ..	96	No. of artificial teeth ..	
No. of administrations of ..		supplied ..	381
L.A. ..	1243	No. of scalings ..	160
		No. of other operations ..	462

TREATMENT OF TUBERCULOSIS.

The County Council are the Authority under the National Health Insurance Act and Regulations of the Ministry of Health for the provision of a comprehensive scheme of treatment of tuberculosis for all sections of the community in the county.

The Tuberculosis Scheme in Lindsey provides for Sanatorium and Hospital Treatment, including travelling expenses if necessary, Dispensary Treatment, After-care and Supervision, Treatment at Orthopaedic Clinics (commencing June, 1926), the provision of appliances in surgical cases, the provision of shelters, beds and bedding, the provision of extra nourishment for special cases, free bacteriological examination of sputum and other pathological specimens.

Staff.

The County Medical Officer acts as Chief Tuberculosis Officer. The seven assistant Medical Officers devote part of their time to the treatment and prevention of tuberculosis and part to School Medical work. Two of them hold joint appointments which include that of District Medical Officer of Health.

Notification.

All cases of Tuberculosis must be notified to the Local Sanitary Authority. The District Medical Officer of Health is required to keep a Register of Cases, and to correct it for persons who have left the district, and for deaths. The names and addresses of all notified cases have to be sent to the County Medical Officer weekly, and a return of the number on the Register once a quarter.

The Tuberculosis Officers on receipt of notifications through the County Medical Officer make such inquiries on behalf of the District Medical Officer of Health, and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection and for removing conditions favourable to infection. In every case a letter is first written by the Tuberculosis Officer to the Medical attendant of the patient, informing him of the time of his proposed visit in order that they may consult together as to whether any of the means of treatment provided by the Council are applicable to the case, and that they may make arrangements for the examination of persons who have been in contact with the patient.

The number of primary notifications reported by the County Medical Officer to the Ministry of Health from 4th January,

1925, to 2nd January, 1926, was 493, namely, 355 of Pulmonary Tuberculosis, and 138 of other Tuberculosis diseases. This number differs from the number recorded in Table II., which is compiled from the returns of the District Medical Officers, and which includes several cases that had been already notified in other districts in the County.

More cases of pulmonary tuberculosis were notified in 1925 than in the previous year as a result of a circular letter to medical practitioners, asking for the names of all cases of tuberculosis on their visiting list. It was found that several cases of long standing illness had not been notified owing to a belief that they had been already notified some years ago.

No progress can be made by the Council in their efforts to reduce the evil effects of tuberculosis without the hearty and sympathetic co-operation of the general medical practitioners of the County. This, I am glad to say, we receive in increasing measure.

In the following Tabular Statement the Cases Notified during 1925 are set out to show the age incidence of the Disease.

Age Period.	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
Under 1 year	—	—	2	1
1 and under 5 years ..	3	6	9	8
5 „ 10 „ ..	12	11	11	14
10 „ 15 „ ..	14	16	10	11
15 „ 20 „ ..	18	26	11	11
20 „ 25 „ ..	21	32	4	13
25 „ 35 „ ..	35	66	4	12
35 „ 45 „ ..	29	20	6	6
45 „ 55 „ ..	17	6	1	—
55 „ 65 „ ..	9	6	2	—
65 and upwards ..	4	4	—	2
Totals ..	162	193	60	78
	355		138	

It is unfortunate that notifications are still too often received at a late stage in the disease when it is already too late to expect a satisfactory result from treatment.

The following table, which gives a comparison of last year's figures with those for the previous five years, shows that there was a slight improvement in this respect in 1925.

	Total Number of Notifications.	Deaths within 3 months of Notification.	%	Deaths within 12 months of Notification.	%
1920 ..	515	48	9.3	86	16.7
1921 ..	503	56	11.0	108	21.47
1922 ..	418	74	17.7	105	25.60
1923 ..	518	71	12.3	93	17.9
1924 ..	473	81	17.1	127	26.8
1925 ..	493	74	15.0	101	20.48

The percentage of late notifications is, however, still too high.

As the patients themselves are generally to blame for this, I repeat the advice given in my last Report in the hope that it may be read and acted upon by the public:—

“It cannot be too strongly urged upon the public that medical advice should always be sought for a cough which persists for more than a fortnight, for debility without apparent cause, and for so-called attacks of influenza. The Tuberculosis Dispensaries are available for medical examinations without cost to the individual, and it is the sheerest folly for anyone who suspects that pulmonary tuberculosis may be the cause of his or her debility, not to take advantage of the opportunity of a specialist's examination without charge.”

Deaths from Tuberculosis.

The number of deaths from Pulmonary Tuberculosis in 1925 was 185, or .71 per 1,000 of the population, and from other forms of Tuberculosis 52 or .19 per 1,000.

In the previous year there were 180 deaths from Pulmonary Tuberculosis, with a rate of .69 per 1,000, while 76 persons died from other tuberculous diseases, with a rate of .29 per 1,000.

It is in the power of the Council materially to reduce the great economic loss suffered through the ravages of this disease.

It is necessary not only to have a well thought out plan of campaign, but to pursue it with thoroughness and determination. The aim must be to raise the general resistance

of the community to disease by every possible means, including educational propaganda, physical training and organised games and by more definite measures to secure good housing, and a healthy environment for the working classes.

The problem of poverty and consequent malnutrition must also receive attention. In addition to raising the community's resistance to disease it is necessary to do what is possible under existing circumstances to diminish infection. It is probably not desirable to stamp out tuberculosis altogether even if that were possible, because the majority of the people of this country have acquired an immunity to it which immunity would in that event be lost with disastrous results should the disease be re-introduced. On the other hand much can be done to protect susceptible individuals from massive infection, such as occurs when advanced cases of pulmonary tuberculosis remain at home with their families and use no precautions to prevent the spread of infection. Massive infection is also still possible from tubercle in milk as the many cases of tuberculous disease of bones and joints testify.

Much of what has been outlined above as necessary to reduce the economic loss that is suffered from this disease, the attack rate of which is highest at the best working period of life, from 18 to 35, is already included in the Council's scheme, but it would be well to consider in Committee each measure separately, to determine whether the provision made is sufficient to achieve the results that are desired.

Sanatorium and Hospital Treatment.

Adult males requiring institutional treatment in 1925 were sent to various Sanatoria and Hospitals outside the county. Adult females and children were treated in Branston Hall, the County Sanatorium.

The following Table gives particulars of patients sent to outside institutions, and their condition on discharge. Out of a total of 188 patients in Sanatoria 146 showed improvement on discharge or at the end of the year.

SANATORIA	No. of Patients sent	Pulmonary		Non-Pulmonary		TOTAL		EARLY	INTERMEDIATE	ADVANCED	IMPROVED	NO. IMPROVEMENT	DIED	NO. STILL IN SANATORIA	AT END OF YEAR									
		Men		Women		Boys																		
		Men	Women	Boys	Girls	Boys	Girls																	
Venator, Isle of Wight								
Eastby								
Margate Royal Sea Bathing Hospital								
Burrow Hill Colony								
Yearsley Bridge								
Kelling								
Lincoln County Hospital								
Green Lane Hall, Halifax								
Heatherwood								
Fairfield House								
Boston, Lincs.								
Gillingham								
Aysgarth								
Grosvenor								
Lincoln								
Foxby Hill								
Shropshire Orthopaedic								
City of London Hospital								
St. Andrew's Hospital, Dollis Hill								
Papworth Hall								
Lord Mayor Treloar Cripples Hospital								
Ipswich								
Home of Rest, Derby								
All Saints, Eastbourne								
	93	12	13	3	22	13	18	14	188	111	68	6	146	34	8	74								

BRANSTON HALL SANATORIUM.

Report by Dr. W. S. H. Campbell, Medical Superintendent.

The number of patients admitted to the institution during the year was 158, of which 87 were women, 30 boys, and 41 girls. Including the patients remaining in the Sanatorium at the end of 1924 the total number of cases under treatment was 221. The discharges numbered 158 (88 women, 32 boys, 38 girls) and there remained in the institution on the 31st December, 1925, 29 adults, 15 boys and 19 girls.

The patients treated since the institution opened three years ago number 562.

The patient days were 22,977, the average stay 146·1 days and the percentage of occupied beds 89·5.

During the year 69 cases were admitted from "outside" local authorities, viz. :—Grimsby C. B. 24, West Riding C.C. 22, Kesteven C.C. 14, London C.C. 8, and Leicester C.C. 1.

The system of treatment carried out has been similar to previous years, and consists of a completely open-air life, a regular daily routine, and a system of carefully graduated rest and exercise.

Each patient is medically examined as soon after admission as possible, and afterwards as a routine about once every five or six weeks. In the period under review there were 158 primary and 418 re-examinations.

Sputum examinations are carried out as soon as possible after the patient is admitted. Cases found positive are not re-examined until shortly before the patient is discharged. Specimens found negative are re-examined weekly until positive or until the patient is discharged. The total number of specimens examined was 199. Of these 68 were primary examinations. Twenty cases were found positive at the first examination, and six were found positive at a subsequent examination. Sputum was obtained from children in only six instances. In one of these cases the tubercle bacillus was found to be present.

DENTAL TREATMENT.—The Council's Dental Surgeons, Mr. Ovey and Mr. Lewis, have taken a great interest in this part of the work. They made 17 visits to the institution during the year. Thirty-nine patients received treatment. Nitrous oxide gas was used as an anaesthetic on 31 occasions. In 20 instances a local anaesthetic was used.

TREATMENT BY ARTIFICIAL PNEUMOTHORAX.—Three refills were given during the year to a case that had received artificial pneumothorax treatment. This operation is a valuable adjunct in the treatment of certain cases, and more use could be made of it were better X-Ray facilities available.

SOCIAL ARRANGEMENTS.—Considerable importance is attached to the social side of sanatorium life. Concerts have been held from time to time. Festivities were held at Christmas. A special dinner was provided, and each patient was given a small present. In addition a Christmas Tree was provided for the children. Several times during the year Sister Robartes and Matron took those patients who were fit for a circular Charabanc tour. These "joy rides" have been greatly appreciated. Educational cinematograph entertainments have been given by Dr. Glegg, Mr. Ovey and Mr. Lee.

The villagers of Branston have presented the patients with an additional wireless set. A bagatelle board has been purchased for use in the women's recreation room. During the summer months Clock Golf and Croquet competitions have been arranged at intervals.

INFECTIOUS DISEASES.—Three cases of Scarlet Fever occurred during the early part of the year. Although every effort is made to prevent the occurrence of infectious diseases sporadic cases are likely to arise from time to time amongst the children. Before patients are admitted certificates must be sent stating that they are not suffering from any infectious disease, and have not been in contact with an infectious case during the past 21 days. Patients clothing is now disinfected immediately after admission.

WORK AND EXERCISE.—The grades of work and exercise are much the same as those previously in use. Each case is treated individually, and no attempt is made to get a patient on a heavier grade of work than that she will be called upon to do when discharged from the institution.

SPECIAL TREATMENT.—In addition to the ordinary treatment what may be described as 'special' treatment has been tried in a certain number of cases. That used most extensively has been colloid calcium in cases of non-pulmonary disease. Although the number of cases treated has been comparatively small, I feel that injections of this drug have a beneficial effect on this particular form of the disease. Nascent iodine and sodium morrhuate have also been used, but I have failed to observe any beneficial effect.

DIETARY.—With the exception of the amount of milk used the dietary is practically unchanged. Patients are not now given milk at 11 a.m., and I think they have benefited by the change. Their nutrition has certainly not been adversely affected, and they are always more ready for their dinner at 12-30. The patients' weight chart gives sufficient proof that the diet is ample.

It is interesting to note that the cost of provisions for both patients and staff is 12/2 per head per week. In the Ministry of Health return for the year ended 31st March, 1925, there are only 3 County Sanatoria with a lower rate. I think the Matron deserves great credit for the efficient and economic way the catering has been performed.

EDUCATION.—Instruction is given to patients as to how they should regulate their daily lives to obtain the maximum benefit from treatment in the sanatorium or after they return to their own homes. They are also taught how to prevent the disease from being spread to their relatives or others with whom they may come in contact. In addition instructions on these points have been printed and are issued to each patient admitted to the institution.

Considerable difficulty is experienced in keeping the adult beds occupied. This is due chiefly to circumstances difficult to control. Patients do not always arrive at the appointed time or again a patient may be discharged suddenly often because of home difficulties, and in both cases nearly a week may elapse before the beds can be filled. Again patients refuse to enter the sanatorium for several weeks before Christmas, while those under treatment at that time discharge themselves in large numbers. The result is that the percentage of occupied beds falls very low.

Too large a number of adults still discharge themselves before they have obtained the maximum benefit from Sanatorium treatment. This chiefly occurs in the case of married women with children. There seems to be a great difficulty in arranging for the care of the children whilst the mother is in the sanatorium. If arrangements are made, they frequently last only a few weeks, and the patient has to return home when she is just beginning to feel the benefit of sanatorium life.

Table showing the condition of Discharged Patients on
leaving the Institution.
PULMONARY CASES.

	EARLY.			INTERMEDIATE.			ADVANCED.		
	Quiescent	Improved	Not improved	Quiescent	Improved	Not improved	Quiescent	Improved	Not improved
Women	13	26	8	—	—	—	12	—	—
Boys ..	6	17	2	—	—	—	—	1	—
Girls ..	10	20	1	—	—	—	—	—	—
Totals	29	60	11*	—	—	—	13	6	—
								—	—
							—	2	—
							—	—	6
							—	—	3

NON-PULMONARY.

	Bones and Joints		Abdominal		Periph. Glands		Other Organs	
Women	—	Quiescent	—	Not improved	—	—	—	—
Boys	—	Improved	—	Died	—	—	—	—
Girls	—	—	—	Quiescent	—	—	—	—
Totals	1	—	—	—	1	2	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—

Cases remaining in the Institution too short a period for any improvement to be expected.

N.B.—“Quiescent.” The only cases included under this heading are those discharged without symptoms or signs of tuberculous disease, or those who have signs or symptoms compatible with a completely healed lesion. No case with tubercle bacilli in the sputum is included.

Classification of Cases under Treatment during the year.

	PULMONARY.			NON-PULMONARY.			OTHER CONDITIONS.								
	Early	Inter- mdte.	Ad- vanc'd	Bones & Joints	Abdominal	Periph. Glands	Other Organs	Asthma	Bronchitis	Malnutrition	Ovaritis	Syphilis	Tonsils & Ads.	Doubtful	
Women ..	4	70	15	3	11	0	3	2	2	—	1	1	3	117	
Boys ..	—	33	1	3	—	1	1	5	—	1	1	—	1	47	
Girls ..	—	46	—	5	—	1	4	—	—	1	—	—	—	57	
Totals ..	4	149	16	11	11	0	1	5	9	2	2	3	2	1	221

TUBERCULOSIS DISPENSARIES AND STAFF.

Tuberculosis Dispensaries have been established in eleven centres in the county where patients are seen by the Tuberculosis Officers for diagnosis, supervision and in special cases for treatment.

The names of the members of the staff are given on pages 68 to 72, and the places where the Dispensaries are held on page 61.

Attendance at Dispensaries.

The total number of patients on the Dispensary Registers in 1925 was 1,590, an increase of 344 on the previous year. A new Dispensary was opened during the year at Little Coates with 59 patients on its Register on 31st December, 1925. The opening of this Dispensary has met a great need in this district, which is urban in character and consists entirely of working class dwellings of a rather poor character. Patients had previously over three miles to go to attend the Cleethorpes Dispensary.

There was an increase in the number of patients at Brigg, Gainsborough and Lincoln.

The following Table shows the number of patients who attended at each of the Tuberculosis Dispensaries in 1925.

Patients on Dispensary Registers, 1925.

DISPENSARY	Pulmonary				Non-Pulmonary				Total	
	Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.		
Barton	11	11	—	—	2	13	13	13	6 69	
Brigg	—	—	—	—	—	—	—	—	261	
Cleethorpes	50	23	9	16	17	8	21	16	160	
Gainsborough	159	93	109	132	3	2	1	1	500	
Horncastle	13	6	6	3	—	1	1	—	30	
Lincoln	28	27	5	9	5	9	15	8	106	
Louth & Market Rasen ..	50	58	17	20	3	6	5	7	166	
Little Coates	13	20	4	11	1	2	4	4	59	
Scunthorpe	49	33	33	36	8	4	19	10	192	
Spilsby	13	16	5	4	3	4	1	1	47	
	Total				..	..	..	..	1590

Table showing the work of the Dispensaries during the year 1925.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous ..	96	95	24	31	12	22	15	22	108	117	39	53
(b) Doubtfully tuberculous ..	35	47	20	22	5	4	4	7	40	51	24	29
(c) Non-tuberculous ..	..	..	6	7	2	3	5	1	11	29	11	8
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous ..	9	8	5	1	—	—	7	9	10	8	15	14
(b) Doubtfully tuberculous ..	14	18	20	—	—	—	5	5	14	18	27	29
(c) Non-tuberculous ..	66	119	107	93	11	13	13	9	77	137	120	102
C.—CASES written off the Dispensary Register as:—												
(a) Cured ..	8	8	4	4	—	—	1	1	2	8	9	5
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	..	..	..	..	—	—	—	—	—	16	21	16
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed ..	369	247	153	185	40	44	66	44	409	291	219	229
(b) Diagnosis not completed ..	17	40	36	48	13	5	14	9	30	45	50	57

To the figures shown under section D (a) should be added 134 cases which have not been classified under the various headings.

To the figures shown under section D (b) should be added 127 cases which have not been classified under the various headings.

Table showing the work of the Dispensaries during the year 1925 (continued).

1. Number of persons on Dispensary Registers on January 1st	1484	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensaries	37
2. Number of patients transferred from other areas and of "lost sight of" cases returned	69	10. Number of consultations with medical practitioners:—	
3. Number of patients transferred to other areas and cases "lost sight of"	85	(a) At Homes of Applicants	65
4. Died during the year	118	(b) Otherwise	87
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	148	11. Number of other visits by Tuberculosis Officers to Homes	543
6. Number of attendances at the Dispensaries (including Contacts)	5254	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	3707
7. Number of attendances of non-pulmonary cases at Orthopaedic Outstations for treatment or supervision	319	13. Number of	
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	4	(a) Specimens of sputum, &c., examined	254
(a) "Light" treatment	27	(b) X-ray examinations made	14
(b) Other special forms of treatment		14. Number of Insured Persons on Dispensary Registers on the 31st December	649
		15. Number of Insured Persons under Domiciliary Treatment on the 31st December	298
		16. Number of reports received during the year in respect of Insured Persons:—	
		(a) Form G.P. 17	29
		(b) Form G.P. 36	27

Dr. Gains in his report for 1925 on the work of the Barton-on-Humber and Cleethorpes Tuberculosis Dispensaries deals with interesting cases seen during the year. A few of these may be cited to show the Council how beneficial the work of the dispensaries is.

“Mrs. J.—A case of T. B. of Lungs, and in addition multiple cold abscesses in various parts of her body. Her lung condition is now quiescent, the cold abscesses have been treated by aspiration frequently repeated, and are not at present giving rise to any symptoms.

Mrs. J.—A case of T.B. Cervical Glands of the neck, and surrounding parts. The worst case of its kind it has been my lot to see. After attending regularly at the Dispensary for close upon 9 years, and having had several courses of Tuberculin, these are all now completely healed, and have remained so for nearly six months.

Doreen D.—I saw this girl in consultation with her own doctor, on more than one occasion. The symptoms, history, and physical signs all suggested a case of acute phthisis. She continued as when first seen, for several weeks, and the temperature then descended by lysis, and she gradually improved. I have seen and examined her very carefully at the Dispensary on more than one occasion, but cannot detect anything wrong in the chest now.

Irene S.—A case of T.B. Spine, treated at home by rest in bed, and afterwards the wearing of a spinal jacket. Good result.

Emily B. Another case of T.B. Spine complicated with Spinal Paralysis. Was at Margate Sea Bathing Hospital two years. Result very satisfactory. Patient walks to see me at the T.B. Dispensary regularly.

Eileen T.—Another case of T.B. Spine in a young girl, treated at Alton by Sir H. Gauvain, with rest in bed over a long period, and now wears a spinal jacket. Result splendid, the girl is apparently perfectly normal, and is very fit.

John S.—A case of surgical T.B. with several cold abscesses in various parts, viz., three in chest wall, one over left tibia, and another in lumbar region. Treated with sodium morrhuate. All sinuses have been soundly healed for six months now.”

Public Health (Prevention of Tuberculosis) Regulations, 1925.

Under these Regulations, which are administered both by the County Council and by the Local Sanitary Authorities, no patient suffering from active tuberculosis may be employed in connection with any dairy. One case was reported during the year in which the disease was quiescent. He was

allowed to continue his work under the supervision of the Tuberculosis Officer.

Public Health Act, 1925, Section 62.

Under this Section application may be made to a Court of Summary Jurisdiction for an order to remove to a hospital any person suffering from tuberculosis, and in an infectious state (if effective isolation cannot be obtained at home).

Examination of Contacts.

Special importance is attached to the examination of persons living in close contact with notified cases of tuberculosis. The Tuberculosis Officers make a point of examining as many as possible both in the patients homes, at the clinics and at school medical inspection. In 1925, 319 visits were paid by Tuberculosis Officers to notified cases ; 445 contacts were examined, of whom 20 were found to be infected. 33 insanitary homes were reported to the District Medical Officers of Health. The Tuberculosis Nurses paid 8,609 visits to supervise patients during the year. The Council possess 102 shelters, 98 of which were in use at the end of the year.

Special Methods of Diagnosis and Treatment.

Tuberculin is less frequently used than formerly as a diagnostic agent. Reliance is placed on careful clinical records aided by X-ray examinations when possible. The County Council have no X-ray plant of their own, and cases have to be sent to the County Hospital for radiography. The radiologist is only available on certain days, and at a time that is inconvenient, and often impossible for the attendance of country cases. An X-ray plant at Branston Sanatorium would add greatly to the efficiency of the clinical work both of the sanatorium and of the dispensaries. I take this opportunity of requesting the Council to provide such an installation.

Provision of Dental Treatment.

At present tuberculous patients in need of dental treatment, and approximately 75 per cent. of the cases require it, are referred to private dentists. The result is that very little dental treatment is obtained by them. The County Dental Surgeons are fully employed in treating mothers and children for whose treatment they were appointed. In their off duty time however on urgent representations from the Tuberculosis Officers they have treated a certain number of tuberculous patients, both at the Dispensaries and at

Branston Sanatorium. For this work they deserve the thanks of the Council. Their ministrations have been of immense benefit to the patients, and the Council is urged to increase the staff so that dental treatment may be part of the Council's provision for the treatment of Tuberculosis.

Provision of Extra Nourishment.

Under the Regulations of the Ministry of Health a supply of milk is given to patients in whose cases a restoration to working capacity may be expected. There were 15 patients in receipt of extra nourishment in 1925. The provision is very helpful in tiding patients over a difficult time both before and after receiving sanatorium treatment, and is much appreciated.

Home Nursing.

No patients were nursed in their homes during the year.

Treatment of Non-Pulmonary Tuberculosis.

It has long been felt that the treatment of cases of Tuberculosis of the joints, bones, skin and glands in the county has been unsatisfactory. There is great need for a central orthopaedic hospital for the county in order that patients may get treatment by non-operative methods at not too great a distance from their homes. The Council have adopted an orthopaedic scheme which will provide out-patient clinics and a few beds at the County Hospital. This will be fully reported upon next year.

Arrangements for After-Care.

There is only one After-Care Committee in the county. It operates in the town of Gainsborough, and has been especially useful in providing food and clothing for necessitous patients. This Committee meets regularly once a month, and is attended by the Tuberculosis Officer. It has not been found possible to establish After-Care Committees elsewhere, but the Tuberculosis Officers interest themselves in all their cases and obtain charitable relief for such as require it. They also do what is possible to get employers to give light work to those who are fit for it. I say "what is possible," advisedly, because in the present state of unemployment of fit persons, the unfit have little chance of obtaining the work for which they would be capable. The only practicable solution of this difficult problem appears to be the sanatorium colony system, which has been so successful at Papworth in Cambridgeshire. Even there however, although the patients are usefully employed, they are not entirely self supporting.

The Council have not made any arrangements to deal with the unsatisfactory housing of many of the patients. In my last two annual reports I have asked that special attention may be given to this most important matter. The policy of paying large sums of money to build up the health of patients in Sanatoria, with the certain prospect that on their return to insanitary homes they will lose all the benefit they have gained, is open to serious criticism, and yet that is the present position. The District Councils by arrangement with the County Council would no doubt be willing to erect a certain number of houses on the special model plan of the Ministry of Health to be let to tuberculous families, and the County Council could guarantee the rent to the District Councils. The tenants would reimburse the County Council with the whole of the rent or with that portion the Council considered they could afford. The cost would be small compared with the cost of sanatorium treatment.

VENEREAL DISEASE.

Treatment Centres.

The County Council have established Centres for the treatment of Venereal Diseases at Scunthorpe and Gainsborough, and patients can also get treatment at Grimsby and Lincoln.

Dr. Lamont acts as Medical Officer of the clinics for males and females at Scunthorpe, and of the clinic for males at Gainsborough. Dr. Annie T. Brunyate is Medical Officer of the clinic for females at Gainsborough. This latter clinic is held in close association with the Maternity and Child Welfare clinics.

Dr. Plant acted as Medical Officer of the Grimsby and Lincoln clinics in 1925.

The number of Lindsey patients treated at each clinic, and the diseases from which they suffered, together with a record of attendance, are given in the following Table:—

New Cases of Venereal Disease and Total Attendances.

Clinic	Syphilis	Soft Chancre	Gonorrhœa	Syphilis and Gonorrhœa	Conditions other than Venereal	Total Cases	Total Attendances
Gainsborough (Males)	3	..	17	..	1	21	1249
(Females)	12	..	9	..	21	42	404
Grimsby	26	1	30	..	35	92	3340
Lincoln	11	..	7	..	10	28	390
Scunthorpe (Males) ..	6	1	30	..	17	54	2958
(Females)	5	..	5	..	16	26	370

There was a slight increase in 1925 in the number of new cases attending all the clinics except at Scunthorpe, where there was a reduction in the number of new male cases. On the other hand there was an increase in the total number of male attendances at that clinic.

At Grimsby more sessions are required, and in consequence Dr. Plant has been obliged to give up the Lincoln clinic. It has been arranged that he shall act as Consulting Medical Officer for Venereal Diseases in the County.

Advertisements in the public lavatories and in the press are the main source of information to the public regarding these clinics. In addition a Memorandum has been sent to all medical practitioners in the county informing them of the facilities for special treatment available. Dr. Plant reports that legal proceedings were taken against a chemist for contravening the Venereal Diseases Regulations, that is for attempting to treat a person suffering from venereal disease, and that he was convicted and fined £6 and costs.

No solution has yet been found to the difficult problem of getting known cases of venereal disease to submit themselves to treatment when they are unwilling, and also to get patients who have commenced treatment to persevere until a cure is effected. As things are we know that a disease which is one of the worst racial poisons is being spread, and we are powerless to prevent it.

A short account may be given here of the experimental Women's Venereal Disease Clinic, started by Dr. Brunyate in connection with the Gainsborough Maternity and Child Welfare Centre.

The Venereal Diseases Clinic at Gainsborough was opened in June, 1924, in the cottage adjacent to the house in which the Infant Welfare Centre and School Clinic are held. The premises, so far as the women's work is concerned, consist of a doctor's consulting room, a smaller treatment room opening out of it, and a waiting room on an upper storey.

The progress of the Venereal Diseases Clinic was very slow at first, and for about a year we had some doubt as to its ultimate success. In the autumn of 1925, however, the Clinic began more definitely to increase, and it is now doing most useful work and should, if things continue to go well, soon become quite large. Up to the present the highest attendance on any one day has been 16, and the average attendance has recently been 11.

The time of holding the Clinic has been made to suit the convenience of patients, and in fact, two attendances are given each Wednesday, namely, from one to two, and from five-thirty to six-thirty. In addition to these definite clinics, patients are seen by arrangement at almost any hour of the day on the one day a week. This makes it possible for the women to attend without attracting observation.

The Ante-natal Clinic, which is held on the morning of the same day as the Venereal Diseases Clinic, is a very helpful adjunct to the Venereal Diseases Clinic. The Health Visitor for venereal diseases is in charge of this clinic, and she also takes a treatment clinic for minor ailments of school children, and is in the doctor's room at the Infant Welfare Centre giving out drugs. She is therefore not associated in the minds of the mothers with venereal disease, and can pay home visits without exciting observation. Any case suggestive of gonorrhoea seen either by a midwife or at the Centre can be easily referred in the first place to the Ante-natal Clinic for examination, and from there be transferred to the Venereal Diseases Clinic if the case proves to be one of venereal disease.

Arrangements are made for daily treatment by the Health Visitor of cases of gonorrhoea, but it has proved extraordinarily difficult to persuade patients to come daily. More, however, is now being accomplished in this direction.

The majority of the patients attending the Clinic have come either through the Gainsborough or some other Infant Welfare Centre, or through the Ante-natal Clinic, and nearly all these are married women. Other patients have come in one or other of several different ways. Four were transferred from the Lincoln Venereal Diseases Clinic, when the Gainsborough Clinic first opened. Of these three have now removed from Gainsborough, and one is still under treatment. One patient was transferred later from the Grimsby Clinic, and is still under treatment. 7 patients have been referred to the Clinic by local doctors. Of these 4 proved to be non-venereal, one died from inter-current malignant disease, one ceased having treatment, and one is still under treatment. Two cases were referred from the Eye Clinic and one from the School Clinic, but proved to be non-venereal. Two cases came whose husbands attended the male Venereal Diseases Clinic. One came as a direct result of advertisement, but was non-venereal.

The effect of venereal disease on infant mortality is shewn clearly enough in some of the cases who have attended the Clinic. 6 of the syphilitic women have had amongst them a

total of 23 miscarriages, or still births, and one child who died from syphilis a few weeks after birth. Two of these women are again pregnant.

Dr. Brunyate in her report says:—"I am convinced of the usefulness, especially from the point of view of the treatment of married women, of having the same doctor in charge of the women's Venereal Disease Clinic, the Infant Welfare Centre and the Ante-natal Clinic. It has been suggested that such an arrangement is harmful to a Centre, but the attendance of mothers and babies on the doctor at the Gainsborough Infant Welfare Centre have never been greater in number than in 1925, and are as great as at any Centre we have.

"From the point of view of the recognition and treatment of venereal disease cases the advantages of the system have been obvious. When the presence of venereal disease is suspected in a patient at the Infant Welfare Centre or Ante-natal Clinic a prompt diagnosis can be made without causing her distress.

"The Health Visitors, who in their work under the Notification of Births Act enquire from each mother as to any previous still births or miscarriages, are in a very favourable position for hearing of and getting to the Centre cases which might otherwise escape notice.

"The essentially friendly nature of the relations established at an Infant Welfare Centre between the patient on the one side and the doctor and health visitor on the other can be made full use of in persuading the patient to undergo the necessarily long course of treatment if venereal disease is present, and information as to the true nature of her disease can be given to a mother most easily at a Centre or Ante-natal Clinic. If the mother should discontinue treatment her own Health Visitor can visit her, and persuade her at any rate to come to the Centre again or some ailment of the child's will bring her back to the Centre of her own accord, and the question of treatment of the mother can then be re-opened.

"I am very hopeful that Clinics on similar lines may be opened at Cleethorpes, and whenever our staff permits, at Louth.

"Isolated cases, for whom treatment is urgently needed, occur at the smaller Centres, which we do not visit weekly, and more of such cases would be recognised if means of treatment were at our disposal. At one Centre treatment of such a case has been begun. The patient's husband

“ has recently died from a syphilitic disease, and she is the
 “ mother of two children, in whom mental defect is suspected.
 “ The mother lives in a village three miles from the railway
 “ station, with a more than 20 miles railway journey to the
 “ nearest Venereal Disease Clinic. In this case we are
 “ arranging to treat the woman once a fortnight before the
 “ Infant Welfare Centre and for her to attend the ordinary
 “ Venereal Diseases Clinic on the alternate weeks as may be
 “ necessary. I believe that a system of this sort will prove
 “ capable of considerable extension.

“ All the work would be easier if knowledge were more
 “ widespread amongst the women as to the effects of vene-
 “ real disease, and the importance of thorough and prolonged
 “ treatment.”

OPHTHALMIA NEONATORUM.

27 cases of Ophthalmia Neonatorum, or inflammation of the eyes of the newly born arising from gonorrhoeal infection, were reported, compared with 17 in the previous year. These were visited, and when necessary treatment was carried out by the two special Nurses appointed by the County Council. At the end of the year they reported that 25 had recovered with unimpaired vision, 1 child had died, and the condition of the eyes of the other one was unknown.

INFECTIOUS DISEASES.

Notification.

It is the duty of the head of the family, the occupier of the house or room, or the medical man in attendance to give notice to the Medical Officer of Health if any inmate of a house is suffering from any of the following diseases:— Smallpox, Cholera, Diphtheria, Membranous Croup, Erysipelas, Scarlatina or Scarlet Fever, Typhus, Typhoid, Enteric, Relapsing, Continued or Puerperal Fevers, Tuberculosis, Cerebro-Spinal Fever, Ophthalmia Neonatorum, Plague, Acute Poliomyelitis, Acute Primary Pneumonia, Acute Influenzal Pneumonia, Malaria, Dysentery and Trench Fever, Acute Encephalitis Lethargica or Acute Polio-Encephalitis.

The Ministry of Health and the Local Authority with his approval have power to add other diseases to the list. The Table on page 57 shows the Districts which have added Whooping Cough, Chicken Pox and Measles to the list.

Notifications of Infectious Disease, 1925.
(Omitting Measles, Whooping Cough and Chicken Pox.)

Diseases.	No. of Cases notified.	Attack rate per 1000 population.
Small-pox	23	·09
Cholera	—	—
Diphtheria	150	·57
Erysipelas	102	·39
Scarlet Fever	429	1·61
Typhus Fever	—	—
Enteric Fever	21	·08
Continued Fever	—	—
Puerperal Fever	9	·03
Plague	—	—
Tuberculosis—Pulmonary	356	1·36
,, Non-Pulmonary	149	·53
Cerebro-Spinal Fever	—	—
Acute Poliomyelitis	7	·02
Ophthalmia Neonatorum	26	·09
Acute Polio-Encephalitis	—	—
Encephalitis Lethargica	19	·07
Dysentery	—	—
Pneumonia	234	·89
 Totals	 1525	 5·85

INCIDENCE OF INFECTIOUS DISEASE.

2,302 cases of infectious disease were notified in 1925, or 255 fewer than in the previous year. If Measles, Chicken Pox and Whooping Cough, which are only notifiable in a few districts, be disregarded there was actually an increase of 27 cases over the number in 1924. There were fewer cases of certain diseases and more of others, as will be seen from the notes on each disease given hereunder.

The incidence of infectious disease in each sanitary district in the grouped urban and rural districts, and in the county as a whole is given in the Tables.

Diphtheria.

150 cases of Diphtheria were notified, an increase of 8 over the previous year. There were definite outbreaks at Broughton in the Glanford Brigg R.D., and at Louth where the schools were the chief factor in the spreading of the disease, and a somewhat high incidence at Cleethorpes and Scunthorpe.

The occurrence of Diphtheria is generally associated with unsatisfactory sanitation, either in school or home, and any Sanitary Authority which has much Diphtheria in their area should carefully consider whether there is any special sanitary defect in the district which may predispose to this disease.

In the area for which the County Council are responsible for isolation hospital provision there were 85 cases, and the Urban District of Crowle and Roxby-cum-Risby were the only districts in the area that had no cases.

There were 9 deaths from Diphtheria, a case mortality of 6 per cent. The rate of incidence of the disease was 0·57 per 1,000 of the population.

Scarlet Fever.

429 cases of Scarlet Fever were notified, or 23 more than in 1925. The disease, although widespread, was mild in type, and there were only 2 deaths recorded, or a case mortality of 4 per cent. The rate of incidence was 1·61 per 1,000 of the population. In the County Council Hospital District there were 126 cases, the number in each of the constituent districts being Barton 5, Brigg 5, Crowle 1, Roxby 2, Scunthorpe 70, Winterton 1, Glanford Brigg R.D. 38, Isle of Axholme 5.

Enteric Fever.

There were 21 cases of Enteric Fever notified, as compared with 13 in the previous year. Single cases occurred at Brigg, Gainsborough and Winterton, and in the rural districts of Brigg, Caistor, Grimsby, Isle of Axholme and Sibsey.

There were 7 cases at Cleethorpes, 3 at Scunthorpe, and 3 in the Spilsby Rural District.

The cases arose most probably from carriers, the infection being transmitted by direct contact or by flies or through contaminated water supply. There were 2 deaths from the disease. The attack rate per 1,000 of the population was 0·08.

Pulmonary Tuberculosis and other Tuberculous Diseases.

These have been discussed in the section dealing with Tuberculosis.

Pneumonia.

234 cases were notified, the attack rate being 0·89 per 1,000. There were 191 deaths from the disease.

The largest number of cases was notified from the urban districts of Cleethorpes, Gainsborough, Horncastle and Scunthorpe, while a considerable number occurred in the Glanford Brigg Rural District.

Small Pox.

There was a considerable reduction in the number of cases of Small Pox notified, namely, 23, as compared with 120 in 1924. 21 of these cases occurred in Gainsborough, one in the Louth Borough, and one in Market Rasen. A considerable number of people in these districts sought protection by vaccination. Cases were promptly isolated, and contacts vaccinated when possible and kept under strict supervision.

The County Council Infectious Disease Nurses were placed at the disposal of the Sanitary Authorities to assist the Medical Officers of Health to seek out and supervise contacts.

Measures to Control Infectious Diseases.

On receipt of the notification of infectious disease the Medical Officer of Health visits or arranges for the Sanitary Inspector of the District to visit the home and to see that proper steps are taken for the isolation of the patient and for disinfection of the house and all articles that have been exposed to infection and to arrange the removal of the patient to an isolation hospital when necessary and possible.

Hospital Provision.

None of the Hospitals in the County are wholly satisfactory, either in construction or in the accommodation available for patients and nurses.

The Sanitary Authorities which have no isolation hospitals are those of the urban districts of Alford, Barton, Brigg, Crowle, Mablethorpe, Roxby, Scunthorpe, Winterton, and Woodhall Spa, and of the rural districts of Horncastle, Isle of Axholme, Louth, Sibsey, Spilsby and Welton. These Authorities occasionally send cases to the isolation hospitals at Grimsby, Lincoln and Boston.

Caistor R.D.C. and Market Rasen U.D.C. have a small isolation hospital at Osgodby, with two pavilions.

Cleethorpes U.D.C., Market Rasen U.D.C., and Caistor and Grimsby R.D.C. have combined to erect and maintain a Small-pox Hospital, which has now accommodation for 32 cases.

Gainsborough U.D.C. have a hospital with 3 pavilions, which has accommodation for 16 patients. An additional pavilion was erected last year to accommodate small-pox patients when the whole hospital was required for that disease.

Horncastle U.D.C. have a cottage which is used as an isolation hospital.

Skegness U.D.C. have an isolation hospital which can isolate one disease only at a time.

Gainsborough R.D.C. have a single pavilion small-pox hospital which was found in the recent epidemic to be very unsatisfactory.

Glanford Brigg R.D.C. have a single pavilion isolation hospital at Goxhill, which is primitive and unsatisfactory.

Grimsby R.D.C. have an isolation hospital for Plague, Yellow Fever and other sea-borne diseases in connection with the Port of Immingham.

The County Council have been made the Authority to provide isolation hospital accommodation for a large district in the north of the county.

The cases isolated from this district in 1925 are shown in the following table.

THE CASES OF INFECTIOUS DISEASE ISOLATED IN 1925
FROM THE COUNTY COUNCIL HOSPITAL AREA IN THE NORTH
OF THE COUNTY ARE SHOWN IN THE TABLE BELOW:—

	Scarlet Fever.	Diph- theria.	Others.	Total.
At Scarthoe Isolation Hospital	6	30	4	40
At Lincoln Isolation Hospital	13	5	2	20
Total	19	35	6	60

Table 6
Total cases isolated
unsatisfactory

MINISTRY OF HEALTH TABLE II. (1925).

THIS TABLE INDICATES THE NATURE AND DISTRIBUTION OF THE CASES NOTIFIED.

SANITARY DISTRICTS.	Total number notified.	Diseases														Isolation Hospital.	
		Diphtheria and Membranous Croup.	Erysipelas.	Whooping Cough.	Scarlet Fever.	Enteric Fever.	Chicken-pox.	Puerperal Fever.	Pulmonary Tuberculosis.	Other Tuberculous Diseases.	Small-pox	Cerebro-spinal Meningitis	Ophthalmia Neonatorum.	Pneumonia.	Malaria.	Encephalitis lethargica.	Poliomyelitis.	Measles.
URBAN.																	
Alford	11	1	1	4	2	5	47	2	8	2	1	1	2	1	1	No.	
Barton-on-Humber	119	9	3	42	2	5	1	4	10	4	2	1	2	1	1	†No.	
Brigg	29	2														†No.	
Cleethorpes	228	21	14	43	7	37	2	37	24		2	40	1			Yes.	
Crowle	16		4	1	1	2		3				5				†No.	
Gainsborough	211	2	21	23	1	31		48	16	21		47	1			Yes.	
Horncastle	56		7	3	1	1		13	5			23	1			Yes.	
Louth	207	12	3	5	62			12	9	1			1	1	102	*Yes.	
Mablethorpe	54	3		13	2	22		5	1				1	1	1	7	No.
Market Rasen	13		1	1	1	1		3	1	1		2	1	1	1	2	Yes.
Roxby-cum-Risby	3			2				1									†No.
Scunthorpe and Frodingham	450	33	16	70	3	143	1	56	24		14	39	3	2	46	†No.	
Skegness	17	1	1	13				2								Yes.	
Winterton	19	1			1	13	1	2			1					†No.	
Woodhall Spa	5			1				2	1				1			No.	
	1438	85	71	58	178	13	363	4	204	90	23	20	160	9	3	157	
RURAL.																	
Glanford Brigg	252	39	6	27	38	1	37		19	19		1	23	2	1	39	† Yes.
Caistor	86	2	1		13	1	35		17	3		1	12	1	1		Yes.
Gainsborough	53	6	3		15				13	6		8	1	1	1		† Yes.
Grimsby	150	3	4		75	1	23	2	28	5			8		1		For Plague, Yellow Fever, &c.
Horncastle	59		7		17	1	2	14	5			1	11	1		1	No.
Isle of Axholme	26	1	1		5	1			5	1			11	1	1		† No.
Louth	72	3	5		18	24	1	15	4			1		1	1		No.
Sibsey	19	1			11	1	2		1	2		1		1	3		No.
Spilsby	93	6	1		35	3		30	8			1	1	3	1	4	No.
Welton	54	4	3		24	7		10	6								No.
	864	65	31	27	251	8	129	5	152	59		6	74	10	4	43	
Total for County	2302	150	102	85	429	21	492	9	356	149	23	26	234	19	7	200	

* Now used by the County Council as a Tuberculosis Hospital.

† For small-pox only.

‡ Provision made by the County Council at Hospitals at Lincoln, Grimsby and Osgodby,

SALE OF FOOD AND DRUGS ACT.

The Sale of Food and Drugs Act is administered by the County Council through the Police in all the Districts of the Administrative County.

The number of samples submitted to the Public Analyst in 1925 totalled 314, as follows :—3 samples of bread, 21 of butter, 5 of cheese, 4 of coffee, 2 of confectionery, 6 of flour, 14 of margarine, 135 of milk, 3 of sugar, 6 of tea, 6 of vinegar, 30 of spirits, 12 of drugs, 1 of jam, 2 of mustard, 1 of cocoa, and 63 of other articles.

Fifteen samples of milk were below the authorised standard, 1 sample of gin was below legal strength, 1 sample of cake contained boric acid, and 1 sample of mustard contained 10 per cent. wheat flour.

LINCOLNSHIRE—COUNTY OF THE PARTS OF LINDSEY.

SALE OF FOOD AND DRUGS ACTS.

Return of the Action taken during the year ended 31st December, 1925, in regard to each Sample adversely reported on by the Public Analyst, showing what legal proceedings have been instituted and the result of proceedings, etc.

Report of Analyst for quarter ended	Number of Sample referred to in Analyst's report.	Description of Sample.	Nature of Adverse Report.	Result of legal Proceedings		Fine	Remarks.
				Convicted	Dismissed		
31st March, 1925	A. 122	Gin	3·7 degrees below limit	Convicted	—	£2	Vendor warned.
	A. 127	Milk	2½% extraneous water	—	—	—	Vendor warned.
	M. 729	„	1% extraneous water	Convicted	—	£1	
	M. 730	„	29% extraneous water	Convicted	—	—	
30th June, 1925	A. 143	Milk	7% fat deficient	Convicted	—	£2	Vendor warned.
	G.G. 3	Madiera Cake	12·8 grains Boric Acid per lb.	—	—	—	Vendor warned.
	G.G. 17	Milk	7% fat deficient	—	—	—	No action.
	do.			—	—	—	
30th Sept., 1925	G. 291	„	4% extraneous water	Convicted	—	—	
	M. 748	„	3% extraneous water	Dismissed	—	10/-	
	M. 750	„	3% extraneous water	Convicted	—	—	
	B. 781	„	8% fat deficient	Convicted	—	—	
	B. 782	„	4% fat deficient	Convicted	—	—	
	S. 1021	„	4% fat deficient	Convicted	—	—	
	S. 1022	„	2% fat deficient	Convicted	—	—	
	S. 1023	„	3½% extraneous water	Convicted	—	—	
	S. 1024	„	5% fat deficient	Convicted	—	—	
	do.			—	—	—	
31st Dec., 1925	A. 156	Mustard	10% Wheat Flour	—	—	—	
	W. 1030	Milk	7% fat deficient	Dismissed	—	—	

**Details of County Health Administration required by the
Ministry of Health in accordance with Circular 648,
dated 10th December, 1925.**

PROFESSIONAL NURSING IN THE HOME.

(a) General.—The general nursing arrangements in the County are under the control of the Lincolnshire Nursing Association, whose headquarters are in Lincoln.

There are 53 district nursing associations affiliated to the Lincolnshire Nursing Association. 46 of these Associations, in addition to carrying out the work of general nursing, also undertake school and tuberculosis nursing and infant health visiting on behalf of the County Council, whilst one undertakes tuberculosis nursing and infant health visiting only. 47 district nurses are engaged part-time on this work. In order that the nursing scheme for the whole of the area of the administrative county might be complete, the Lincolnshire Nursing Association have appointed 33 whole-time health visitors, certain of whom, in addition to carrying out the home visits required under the three services, also act as clinic nurses at Tuberculosis Dispensaries, School Clinics and Infant Welfare Centres in their areas. There are also 3 dental attendants.

There are also six Nursing Associations in the County not affiliated to the Lincolnshire Nursing Association. These provide only for district nursing.

Financial Arrangements. Whole-time Health Visitors, commencing salary £175, rising to £205 with an allowance of £10 for uniform, and £5 for bicycle.

District Nursing Associations.—Grant to District Nursing Associations which have come into the scheme in respect of the part-time services of District Nurses as health visitors or midwives is paid as follows:—

(1) Where village Nurse Midwives are engaged grant is paid up to half the nurse's salary, viz., £75; and if their midwifery or maternity cases amount to 10 or over during the year half their other expenses not exceeding £5 is paid.

(2) Where Queen's or fully trained Nurses are engaged grant is paid up to half the nurse's salary, viz., £95; and if their midwifery or maternity cases amount to 10 or over during the year half their other expenses, not exceeding the sum of £10, is paid. The remaining Associations are paid at the rate of 2d. per child for tuberculosis, 4d. per child for school work, and 6d., 7d. or 8d. per child according to distance covered for infant welfare work.

(b) For Infectious Disease.—The County Council have appointed 2 whole-time Nurses to nurse cases of infectious disease. In addition the nurse in charge of the Scunthorpe V.D. Clinic is employed by the Scunthorpe U.D.C. on this work.

MIDWIVES.

The County Council do not as a rule subsidise the Midwife, but make a grant of 50% of approved expenditure to those District Nursing Associations which undertake midwifery in addition to other County Council services.

There are 104 midwives practising in the County, 99 trained, 5 untrained.

Clinics and Treatment Centres.

Name and Situation of Centre.	Clinics provided.
Ashby, Wesleyan School, High St.	I.W.C.
Barton-on-Humber, Westfield Rd.	T.B. Disp., S.C., I.W.C.
Brigg, Town Hall	I.W.C.
Liberal Club, Queen Street.	T.B. Disp., S.C.
Cleethorpes, Wesleyan Chapel Hall,	I.W.C.
St. Peter's Avenue	T.B. Disp., S.C.
,, Springfields, Old Clee Rd.	I.W.C.
Crosby, Parish Hall	I.W.C.
East Halton	I.W.C.
Friskney	I.W.C.
Gainsboro', 1 Popplewell's Row,	I.W.C., S.C., V.D.C.
Bridge Street	T.B. Disp.
Gainsboro', Gladstone Street	I.W.C.
Haxey	T.B. Disp., S.C., I.W.C.
Horncastle, Rolleston House	I.W.C., S.C.
Immingham, Wesleyan Mission Hall	I.W.C.
Keelby, Church Institute	I.W.C.
Kirton Lindsey, Old Infants' School	I.W.C.
Laceby, Temperance Hall	I.W.C.
Limber	I.W.C.
Little Coates, Primitive Methodist	I.W.C.
Mission, Stortford Street	T.B. Disp., S.C.
Little Coates Conservative Club,	T.B. Disp., S.C., V.D.C.
Dunmow Street	T.B. Disp., S.C., I.W.C.
Lincoln, 11 Bank Street	T.B. Disp., S.C., I.W.C.
Louth, 12 Queen Street	T.B. Disp., S.C., I.W.C.
Market Rasen, 18 King Street	T.B. Disp., S.C., I.W.C.
Messingham, Church School	I.W.C., S.C.
Saxilby, Women's Institute Hut	I.W.C.
Scunthorpe, 5 Home Street	T.B. Disp., S.C., I.W.C.
,, 5a Home Street	V.D.C.
Skegness, Baptist Chapel	S.C., I.W.C.
Spilsby, 2 West End Villas	T.B. Disp., S.C., I.W.C.
Sutton-on-Sea	I.W.C.

Name and Situation of Centre.	Clinics provided
Ulceby, Prim. Methodist Schoolroom	I. W.C.
Winteringham, Temperance Hall	S.C., I.W.C.
*Grimsby, 38 Queen Street	V.D.C.

*This clinic is attended by patients from the Administrative County.

T.B. Disp.—Tuberculosis Dispensary ; S.C.—School Clinic ; I.W.C.—Infant Welfare Centre ; V.D.C.—Venereal Disease Clinic.

NOTE.—All the above clinics are provided with a Consulting and Waiting Room, and in the case of certain Infant Welfare Centres a large assembly hall.

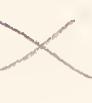
All clinics are provided by the County Council except the V.D. Centres at Grimsby and Lincoln.

Day Nurseries.

NIL.

Hospitals provided or subsidised by the Local Authority or by the County Council.

District.	Name of Hospital and Situation.	How supported.	For what purpose used.	Nature of present accommodation.
Administrative County	County Sanatorium, Branston, near Lincoln	Wholly by County Council	Pulmonary Tuberculosis	70 beds, 35 for female adults and 35 for children
Gainsborough U.D.	Foxby Hill	By District Council	Fever	* 16 beds
Horncastle U.D.	Horncastle		"	* 4 beds
Louth Borough	Spilsby Road, Louth	Wholly by County Council	"	10 beds
Market Rasen U.D.	Caistor, 1½ miles from Usselby Station	Market Rasen U.D.C. pay a small share of the standing charges	Pulmonary Tuberculosis	12 beds
Skegness U.D.	Skegness Isolation Hospital, Wainfleet Road	By District Council	Fever	12 beds
Glanford Brigg R.D.	Goxhill		"	
Caistor R.D.	Caistor—1½ miles from Usselby Station	By District Council	"	* 6 beds
Barton-on-Humber, Brigg, Broughton, Crowle, Roxby-cum-Risby, Scunthorpe & Frodingham & Winterton U.D.'s and Glanford Brigg and Isle of Axholme R.D.	Lincoln Fever Hospital, Long Leys Road	Payment per patient per week	All cases of Infectious Disease excluding Small-pox	12 beds
Gainsborough R.D.	Grimsby Fever Hospital, Scartho Osgodby Fever Hospital Morton Carr	Payment per patient per week	Modern Hospital with resident Medical and Nursing Staff Wood and iron pavilions, resident Nursing Staff	* 8 beds

NOTE.—The Hospitals marked with an asterisk (*) have all previously been reported upon as unsatisfactory. 

Institutional Treatment for Unmarried Mothers, Illegitimate Infants, and Homeless Children.

No provision for the unmarried mother, illegitimate infants and homeless children has been made in the County.

Ambulance Facilities.

(a). Infectious Disease.—In the case of patients who are admitted to the Lincoln City Fever Hospital and the Grimsby Isolation Hospital, the motor ambulance attached to the Hospital is used.

(b). For non-infectious and accident cases.—Ambulances for the removal of non-infectious and accident cases are available under the British Red Cross Society and Order of St. John, as follows :—

District.	Ambulance stationed at	Tel. No.	Officer in Charge.
Brigg ..	Messrs. Allen, Brigg	25	Mr. Allen
Gainsborough ..	Gainsboro' Motor Co., Southolme	63	Mr. W. H. Temple, Council Offices
Horncastle ..	Ford Garage, Horn- castle	33	Mr. Redmore, High Street
Lincoln ..	Messrs. Marshall and Toogood, Wellington Street	528	Dr. R. Ashleigh Glegg, Corpora- tion Street
Louth ..	Messrs. Thorns, Ludgate	7	Capt. Merchant, M.B.E., 26 George Street
Scunthorpe ..	Mr. Waterton, High Street	17	Mr. Buckby, 9 Diana Street, Crosby
Spilsby ..	Mr. Dodds, Hundleby Road	22	Mr. L. S. Dodds, The Villas
Skegness ..	H. Thrall, Wainfleet Road, Skegness	34	Skegness Urban District Council

COUNTY LABORATORY.

The County Laboratory was again fully taken advantage of by the medical practitioners in the County, especially for assistance in the diagnosis of diphtheria and pulmonary tuberculosis.

Altogether 653 specimens were submitted as follows:—

Swabs for diagnosis of Diphtheria	..	309	Positive	40
			Negative	269
Clearance swabs after Diphtheria	..	58	Positive	7
			Negative	51
Sputum query Pulmonary Tuberculosis		262	Positive	38
			Negative	224
Blood for Widal Reaction in Typhoid		2	Negative	2
Other specimens	..	..	..	22

ADOPTIVE ACTS AND BYE-LAWS.

The following table gives particulars of the Adoptive Acts and Bye-laws in force in Urban and Rural Districts in the County.

ADOPTIVE ACTS.

DISTRICT.		Public Health Acts Amendment Act, 1890, Part iii.	Public Health Acts Amendment Act, 1907.	Infectious Diseases (Prevention) Act, 1890.	Cleansing of Persons Act 1897.	Private Street Works Act, 1892.
URBAN.						
Alford	..	Yes	*Yes	Yes	—	Yes
Barton-on-Humber	..	Yes	*Yes	—	—	Yes
Brigg	..	Yes	Yes	Yes	—	Yes
Cleethorpes	..	Yes	*Yes	Yes	—	Yes
Crowle	..	—	*Yes	—	—	—
Gainsborough	..	Yes	Yes	Yes	—	Yes
Horncastle	..	Yes	Yes	Yes	—	Yes
Louth	..	Yes	*Yes	Yes	—	Yes
Mablethorpe	..	*Yes	†Yes	—	—	Yes
Market Rasen	..	—	—	—	—	—
Roxby-cum-Risby	..	—	—	—	—	—
Scunthorpe	..	Yes	Yes	—	—	Yes
Skegness	..	Yes	Yes	Yes	—	Yes
Winterton	..	—	—	—	—	—
Woodhall Spa	..	Yes	*Yes	Yes	—	Yes
RURAL.						
Glanford Brigg	..	Yes	—	Yes	—	—
Caistor	..	—	—	Yes	—	—
Gainsborough	..	Yes	*Yes	Yes	—	—
Grimsby	..	Yes	*Yes	Yes	—	—
Horncastle	..	Yes	*Yes	Yes	—	—
Isle of Axholme	..	Yes	*Yes	*Yes	—	—
Louth	..	Yes	*Yes	Yes	—	—
Sibsey	..	—	—	—	—	—
Spilsby	..	Yes	Yes	Yes	Yes	Yes
Welton	..	Yes	Yes	Yes	—	—

* In part.

† Application for adoption of this is being considered by Ministry of Health.

*In part.

COUNTY PUBLIC HEALTH STAFF IN 1925.

Name of Officer.	Qualifications.	Appointment on Public Health Staff.	Other Appointments held.
R. Ashleigh Glegg	M.D., D.P.H.	County Medical Officer Chief Tuberculosis Officer	School Medical Officer. Medical Officer to Mental Deficiency Act Committee.
Wilfred S. H. Campbell	M.B., Ch.B., D.P.H.	Tuberculosis Officer Medical Superintendent County Sanatorium Tuberculosis Officer	School Medical In- spector.
John Edward Gains	M.R.C.S., L.R.C.P., Lond. M.B., B.Ch., B.A.O., D.P.H.	"	,
W. T. Henderson	M.B., B.S. (Lond.), D.P.H., R.C.S., Eng.	"	,
† L. G. Bourdillon	M.B., Ch.B., D.R.C.S., L.R.C.P. (Lond.), D.P.H.	"	,
Joseph R. Tibbles	M.R.C.S., L.R.C.P., Lond., D.P.H.	"	,
*Percy G. Horsburgh			Medical Officer to Scunthorpe U.D.C. Medical Officer to Scunthorpe V.D.C. Medical Officer Scun- thorpe Maternity Home

County Public Health Staff in 1925—Continued.

Name of Officer.	Qualifications.	Appointment on Public Health Staff.	Other Appointments held.
D. C. Lamont	M.B., Ch.B., D.P.H., Comm. 5.10.25	Tuberculosis Officer	Medical Officer to Scunthorpe U.D.C. Medical Officer to Scunthorpe V.D.C. Medical Officer Scun- thorpe Maternity Home. School Medical Officer
Charles Stewart Lowson (Comm. 13.7.25)	M.B., C.M.	"	School Medical In- spector.
Arnold H. Shennan	M.D., Ch.B., D.P.H. (Edin.)	"	Medical Officer to Cleethorpes U.D. and Grimsby R.D. Medical Officer to Cleethorpes U.D.C. and Grimsby R.D.C.
Percival V. Pritchard (Temporary)	M.B., Ch.B. (Ed.) D.P.H., R.C., P.S.E. R.F.P.S.E. (Comm. 5.8.25)	"	School Medical Oculist and Medical Officer Women's V.D. Clinic, Gainsborough School Medical Oculist School Dentist.
Annie T. Brunyate	M.D., D.P.H.	Medical Officer of Infant Welfare Centres	"
Gertrude D. MacLaren Henry Kinnear Ovey Evan Elwin Lewis Walter Raleigh Booth (Comm. 5.1.25)	M.B., Ch.B., D.P.H. L.D.S., R.C.S., Eng. D.D.S., Inter B.Sc. L.D.S., R.C.S. (Eng.)	County Dentist " " " "	" " " "

NOTE.—The medical and dental staff are all whole-time except Dr. Lamont, Dr. Shennan, and Dr. Pritchard.

County Public Health Staff in 1925—Continued.

Name of Officer.	Qualifications.	Appointment on Public Health Staff.	Health Visitor and Tuberculosis Nurse	School Nurse	Other Appointments held.
Edith E. Jenkinson	3 yrs. Trd. C.M.B.	3 yrs. Trd. C.M.B.	Health Visitor and Tuberculosis Nurse	School Nurse	
Violet P. Walker	3 yrs. Trd. C.M.B.	3 yrs. Trd. C.M.B.	”	”	”
Esther A. Clarke	”	”	”	”	”
Maud A. Richardson	R.S.I., C.M.B.	”	”	”	”
Clara Smith	2 yrs. Trd. C.M.B.	”	”	”	”
Florence Herbert	3 yrs. Trd. C.M.B.	”	”	”	”
Helen Fisher	”	”	”	”	”
Lilian Rose	”	”	”	”	”
Sarah Turner	”	”	”	”	”
Clara Clark	”	”	”	”	”
Elizabeth M. Swallow	”	”	”	”	”
Martha Pound	”	”	”	”	”
Clara Reynolds	”	”	”	”	”
Annie Green	”	”	”	”	”
Jessie P. Humphreys	”	”	”	”	”
Cicely A. Osborne	”	”	”	”	”
N. Hinch	”	”	”	”	”
Gertrude M. Fairhead	”	”	”	”	”
Isabella Neville	”	C.M.B. & R.S.I.	”	”	”
F. Bull	”	”	”	”	”
K. Cohen	”	”	”	”	”

County Public Health Staff in 1925—Continued.

Name of Officer.	Qualifications.	Appointment on Public Health Staff	Other Appointments held.
Teresa Guinan	3 yrs. Trd., C.M.B.	Health Visitor and Tuberculosis Nurse	School Nurse
E. Garrott-Jones	“	“	“
E. Ward	“	“	“
L. E. Townsend	“	“	“
A. M. Young	“	“	“
Annie Doherty	“	“	“
Olive Pound	3 yrs. Trd.	Infectious Diseases Nurse	
Gladys Hyde	3 yrs. Trd., C.M.B.	Dental Nurse	
A. Hunt-Smith	“	“	
Bessie Hussey	3 yrs. Trd.	“	
Gertrude Gedden	3 yrs. Children's Hosp	Venereal Disease and Clinics	
Dorothy M. White	3 yrs trained C.M.B.		
*Jean McNeile	3 yrs. R.S.I.	Infectious Disease & V.D.	
Violet Rogers	3 yrs. trained V.D.	Clinics	
Mildred Waller	3 yrs. trained C.M.B.	School Clinic Nurse	“

* Infectious Disease Work undertaken on behalf of the Scunthorpe U.D.C.

In addition there are 46 part-time Health Visitors.

DISTRICT MEDICAL OFFICERS OF HEALTH IN 1925.

Name of M.O.H. and Qualification.

Address.

URBAN.

Alford	..	G. A. Bosson, M.B., M.R.C.S.	..	Alford, Lincs.
Barton	..	F. P. H. Birtwhistle, M.D., M.B., B.Ch.	..	Priestgate, Barton-on-Humber.
Brigg	..	F. J. O. King, M.B., B.Ch.	..	53 Bridge Street, Brigg.
Cleethorpes	..	A. H. Shennan, M.D., Ch.B., D.P.H.	..	Town Hall, Cleethorpes.
Crowle	..	W. H. M. Alexander, M.B., C.M.	..	Ahem House, Crowle, Doncaster.
Gainsborough	..	J. A. Hackett, M.B., Ch.B.	..	Ash Villa, Gainsborough.
Horncastle	..	A. Boulton, M.R.C.S., L.R.C.P., D.P.H.	..	The Millstone, Horncastle.
Louth	..	Ed. Sharpley, M.D., L.R.C.P., M.R.C.S.	..	Upgate House, Louth.
Sutton	..	W. R. Collingridge, M.R.C.S., L.R.C.P.	..	Silverdale, Sutton-on-Sea.
Market Rasen	..	D. F. Torrens, B.A., M.B., D.P.H.	..	Conway House, Market Rasen.
Roxby	..	E. J. Tongue, M.R.C.S.	..	Beech House, Winterton, Doncaster.
Scunthorpe and				
Frodningham	..	D. C. Lamont, M.B., Ch.B., D.P.H.	..	Council Offices, Market Hill, Scunthorpe
Skegness	..	S. Wallace, M.R.C.S., L.R.C.P.	..	“ Remuera,” Lumley Road, Skegness.
Winterton	..	W. I. T. Baker, L.R.C.P. & S.	..	The Elms, Winterton, Scunthorpe.
Woodhall Spa	..	A. Boulton, M.R.C.S., L.R.C.P., D.P.H.	..	The Millstone, Horncastle.
RURAL.				
Glanford Brigg	..	F. J. O. King, M.B., B.Ch.	..	53 Bridge Street, Brigg.
Caistor	..	A. Fraser, M.D., M.B., C.M.	..	“ Caistor House,” Caistor, Lincs.
Gainsborough	..	H.B. Willoughby Smith, F.R.C.S.	..	Caskgate Street, Gainsborough.
Grimsby	..	A. H. Shennan, M.B., Ch.B., D.P.H.	..	Council Offices, Deansgate, Grimsby.
Horncastle	..	A. Boulton, M.R.C.S., L.R.C.P., D.P.H.	..	The Millstone, Horncastle.
Isle-of-Axholme	..	A. F. Messiter, M.R.C.S., L.R.C.P.	..	Epworth, Doncaster.
Louth	..	W. J. Wilkinson, M.R.C.S., L.R.C.P.	..	Binbrook, Lincoln.
Sibsey	..	D. C. Robertson, M.B., Ch.B., D.P.H.	..	“ Church Close,” Boston.
Spilsby	..	F. J. Walker, C.B.E., M.D., L.S.Sc.	..	“ St. Damian,” Spilsby.
Welton	..	Wm. Sharrard, M.B., Ch.B.	..	The Avenue, Lincoln.

HOUSING AND GENERAL SANITATION.

Tables showing the work done throughout the County in 1925 in regard to General Sanitation and the Mitigation of Nuisances, compiled from Returns prepared by the Inspectors of Nuisances.

DISTRICT.	Number of new houses erected during year.										Action under Statutory Powers.			
	(a) Total.					(b) As part of Housing Scheme.								
	(c) No. State Assisted.					(d) Number of dwelling-houses rendered fit in consequence of informal action.								
URBAN						Unfit Dwelling Houses								
Alford	...	3	—	—	—	6	—	—	—	—	—	—		
Barton-on-Humber		6	—	—	—	767	49	—	—	—	107	—		
Brigg	...	46	46	46	46	150	—	—	—	—	8	—		
Cleethorpes	...	152	—	—	131	1138	132	—	—	—	723	—		
Crowle	...	14	—	—	—	306	306	—	—	55	47	—		
Gainsborough	...	41	32	—	—	—	72	—	—	30	—	—		
Horncastle	...	1	—	—	—	52	20	—	—	6	6	—		
Louth (Borough)	...	26	11	—	9	98	111	—	—	—	4	—		
Mablethorpe & Sutton		71	—	—	41	54	21	—	—	3	23	—		
Market Rasen	...	1	—	—	—	—	—	—	—	—	—	—		
Roxby-cum-Risby		—	—	—	—	120	120	—	—	—	6	—		
Scunthorpe	...	297	20	256	—	606	—	—	—	—	+31	—		
Skegness	...	76	—	—	47	264	—	1	—	—	2	—		
Winterton	...	4	—	—	4	364	—	—	—	—	—	—		
Woodhall Spa	...	4	—	—	4	22	10	—	—	—	5	—		
RURAL—														
Glanford Brigg	...	104	—	—	88	80	36	—	—	66	172	—		
Caistor	...	8	—	—	5	476	476	17	—	106	89	28		
Gainsborough	...	21	—	—	—	562	251	1	—	25	25	40		
Grimsby	...	158	—	—	126	961	104	294	—	622	9	9		
Horncastle	...	15	—	—	8	125	50	10	—	20	28	2		
Isle of Axholme	...	4	—	—	—	198	18	—	—	16	14	—		
Louth	...	42	—	26	—	872	75	7	—	—	—	—		
Sibsey	...	—	—	—	8	—	—	—	—	2	—	—		
Spilsby	...	40	—	29	—	392	155	4	—	113	111	4		
Welton	...	36	—	22	—	376	—	—	50	80	—	—		

(a) Proceedings under Sec. 3 of Housing Act, 1925.
(1) Number of dwellinghouses in respect of which notices were served requiring repairs.

HOUSES.

* Demolished voluntarily by Owners.

COMMON
LODGING-HOUSES.CANAL BOATS USED AS
DWELLING-HOUSES.

DISTRICT.

	No. registered under by-laws	No. of Inspections made	No. of contraventions of by-laws	No. of contraventions remedied	CANAL BOATS USED AS DWELLING-HOUSES.	
					No. registered under Acts	No. of Inspections
URBAN—						
Alford	—	—	—	—	—
Barton-on-Humber	—	—	—	—	—
Brigg	1	4	—	16	3
Cleethorpes	—	None	—	None	—
Crowle	1	12	—	—	—
Gainsborough	1	—	—	—	—
Horncastle	1	—	—	—	—
Louth (Borough)	2	2	—	—	—
Mablethorpe & Sutton	—	—	—	—	—
Market Rasen	1	Inspected frequently	—	—	—
Roxby-cum-Risby	—	—	—	—	—
Scunthorpe	1	63	2	2	—
Skegness	—	—	—	—	—
Winterton	—	—	—	—	—
Woodhall Spa	—	—	—	—	—
RURAL—						
Glanford Brigg	1	2	—	—	2
Caistor	1	4	—	—	—
Gainsborough	—	—	—	—	5
Grimsby	—	—	—	—	—
Horncastle	—	—	—	—	—
Isle-of-Axholme	1	5	—	—	47
Louth	—	—	—	—	—
Sibsey	—	—	—	—	—
Spilsby	—	—	—	—	—
Welton	—	—	—	—	—

No. of contraventions remedied

MOVEABLE DWELLINGS, TENTS, VANS, ETC.				BAKEHOUSES.				SLAUGHTER-HOUSES.				
No. inspected during year	No. of nuisances therefrom abated	No. removed from district	No. in district	No. of underground bakehouses	No. of Inspections.	Contraventions of Factory Acts	Defects remedied	No. on register	No. of Inspections	Frequency of Inspections	Contraventions of by-laws	Defects remedied
—	—	—	9	—	12	1	1	6	50	Weekly	3	3
—	—	—	3	—	6	1	1	10	52	—	—	—
Nil	—	6	—	18	1	1	—	8	1	Daily	3	3
114	57	42	31	—	119	1	7	7	474	Weekly	4	9
9	—	9	2	—	24	—	—	6	72	Monthly	—	—
38	—	38	11	—	20	2	2	16	1220	—	—	—
—	—	—	10	1	18	1	—	5	32	Bi-Monthly	—	—
—	1	2	14	—	12	—	—	16	21	No fixed period	2	2
9	2	3	5	—	3	—	—	4	15	Frequently	—	—
—	—	—	6	—	Inspected frequently	—	—	5	—	do.	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	15	—	28	1	3	13	1916	As required	—	52
291	—	150	9	—	18	—	—	3	139	Very frequently	—	—
—	—	—	1	—	2	—	—	3	12	Quarterly	—	—
1	—	—	3	—	12	2	2	1	4	8	1	1
6	—	—	11	—	27	3	3	37	209	—	34	34
—	—	—	8	—	32	1	1	13	39	Weekly	6	6
—	—	—	—	—	12	—	—	—	—	—	—	—
4	2	1	10	—	60	18	18	10	403	Weekly	12	55
—	—	—	16	—	35	3	3	12	50	Frequently	4	4
20	—	20	2	—	5	—	—	11	37	—	—	—
11	9	11	16	—	23	2	2	32	166	—	—	—
—	—	—	5	—	5	—	—	2	18	Monthly	—	1
20	2	1	36	—	36	10	10	26	355	Frequently	3	3
30	—	30	12	—	29	1	1	15	75	Periodically	—	2

COWSHEDS.

DISTRICT.

No. on Register

No. of Inspections

Frequency of Inspections

Contraventions of regulations

Contraventions remedied

No. of Milk Cows in District

What arrangements for Veterinary Inspection of Cows

URBAN—

Alford	..	..	..	9	36	quarterly	—	—	52	None
Barton-on-Humber	..	..	..	31	10	casually	—	—	—	—
Brigg	..	..	..	5	20	quarterly	—	—	55	inspected quarterly
Cleethorpes	..	..	..	4	19	casually	—	—	94	None
Crowle	..	..	..	16	96	bi-monthly	—	—	43	None
Gainsborough	..	..	..	11	22	—	—	—	120	by Veterinary Surgeon
Horncastle	..	..	..	6	12	yearly	—	—	105	none
Louth (Borough)	..	..	..	18	22	yearly	—	—	about	Inspector appointed
Mablethorpe & Sutton	..	..	..	—	—	—	—	—	—	—
Market Rasen	..	..	..	3	—	quarterly	—	—	—	Veterinary Surgeon
Roxby-cum-Risby	..	..	..	1	—	frequently	—	—	23	none
Scunthorpe	..	..	..	22	71	quarterly	—	—	178	Veterinary Surgeon
Skegness	..	..	..	8	32	do.	—	—	—	none
Winterton	..	..	..	14	28	half yearly	—	—	—	none
Woodhall Spa	..	..	..	3	12	quarterly	—	—	16	none

RURAL—

Glanford	Brigg	..	..	187	190	—	51	49	1136	Veterinary approx. Surgeon for Grade A herds
Caistor	..	..	..	57	114	half-yearly	5	5	383	none
Gainsborough	..	..	..	—	—	do.	—	—	—	none
Grimsby	..	..	..	113	290	bi-weekly	67	53	1105	approx. none
Horncastle	..	..	..	26	60	half-yearly	6	6	237	none
Isle-of-Axholme	..	..	..	14	28	do.	3	3	—	County Council
Louth	..	..	..	16	32	do.	—	—	—	Veterinary
Sibsey	..	..	..	5	18	half-yearly	—	—	est. 100	none
Spilsby	..	..	..	114	130	yearly	30	30	569	Veterinary Surgeon
Welton	..	..	..	70	235	periodically	—	—	600	do.

DAIRIES AND MILKSHOPS.

UNSOUND FOOD.

OFFENSIVE TRADES.

No. on Register

No. of Inspections

Frequency of Inspections

Contraventions of regulations

Contraventions remedied

Any instance of disease attributed to milk during the year.

(a) Animals seized

(b) Articles seized

Condemned by Magistrate (a)

Condemned by Magistrate (b)

Articles surrendered

No. of premises in district

No. of inspections

Contraventions of by-laws

Contraventions remedied

9	18	$\frac{1}{2}$ yearly	—	—	—	—	—	—	—	2	6	1	1			
33	9	casually	—	—	—	—	—	—	—	1	2	—	—			
5	20	do	—	—	—	—	—	—	—	—	—	—	—			
74	97	casually	10	10	—	—	1	8	—	—	36	54	—			
16	96	every 2 months	—	—	—	—	—	—	—	—	—	—	—			
22	72	—	—	—	—	—	—	—	—	446	3	120	—			
6	6	yearly	—	—	—	—	—	—	—	22	1	2	—			
4	4	do.	—	—	—	—	—	—	—	—	4	4	—			
—	—	—	—	—	—	—	—	—	—	25	—	—	—			
4	—	quarterly	—	—	—	—	1	42	—	—	—	—	—			
—	—	—	—	—	—	—	—	—	—	—	—	—	—			
20	80	quarterly	1	1	—	—	Yes	4	Yes	4	470	1	10	—		
10	63	frequently	1	1	—	—	—	—	—	—	781 lbs.	5	46	—		
5	10	$\frac{1}{2}$ -yearly	—	—	—	—	—	—	—	—	—	—	—			
5	12	quarterly	—	—	—	—	—	—	—	—	—	—	—			
109	66	—	6	6	—	—	—	—	—	—	1	5	25	4	4	
—	—	—	—	—	—	—	—	—	—	—	Beef & pork	5	20	1	—	
—	—	Nil	—	—	—	—	—	—	—	—	—	—	—	—	—	
48	130	bi-weekly	4	4	—	—	2	—	—	2	—	various	12	252	7	30
—	—	—	—	—	—	—	—	—	—	—	6	2	4	—	—	
46	46	yearly	—	—	—	—	—	—	623 lbs. Pork	3682 lbs. various	5	4	4	1	1	
—	—	—	—	—	—	—	—	—	—	—	2	15	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	3	9	—	—	—	

WATER SUPPLY.

DISTRICT.	Wells.					Public Supply.		
	New Sunk	Cleansed, repaired	Closed as polluted	Area supplied	Percentage of houses supplied	New cisterns provided	Cisterns cleansed, repaired, covered, &c.	
URBAN—								
Alford	1	1	1	(e)	19	1	1	1
Barton-on-Humber	1	4	1	(a)	50	6	1	1
Brigg	1	1	1	(c)	—	1	1	1
Cleethorpes	4	1	1	(d)	99.82	1	1	1
Crowle	1	5	1	(f)	—	13	6	1
Gainsborough	1	1	1	—	—	1	1	1
Horncastle	1	1	5	(g)	90.0	1	1	1
Louth (Borough)	1	1	4	—	84	1	1	1
Mablethorpe & Sutton	1	1	1	54	28	1	1	1
Market Rasen	1	1	1	whole	95	1	1	1
Roxby-cum-Risby	1	1	1	—	62	1	1	1
Scunthorpe	1	1	1	whole	78.2	1	1	1
Skegness	1	1	1	—	100	1	1	1
Winterton	1	1	6	—	70	1	1	1
Woodhall Spa	1	1	1	600 acres	98	1	1	3
RURAL—								
Glanford Brigg	46	10	1	S. Ferriby	75	1	1	1
Caistor	2	7	1	11	about 20	12	2	1
Gainsborough	1	1	1	—	—	1	1	1
Grimsby	1	1	1	—	80	1	1	1
Hornastle	3	4	1	—	—	7	1	1
Isle-of-Axholme	1	12	1	Pumps in 9 parishes			1	1
Louth	2	3	1	—	—	1	1	1
Sibsey	1	1	1	—	—	1	1	1
Spilsby	15	3	1	(k)	43.5	45	1	1
Welton	18	4	1	(l)	85	1	1	1

(a) Outlying parts and farms not all supplied.

(b) Two houses in Far Ings Lane.

(c) Whole town supplied except Bridge Street.

(d) No public supply Black Bear Camp, North Sea Lane Humberstone Road.

(e) 130 houses supplied

(f) No public supply

(g) Whole town except extremes.

WATER SUPPLY—contd.

		CLOSETS.								DRAINS.		
No. of samples obtained for Analysis.		(a) From wells	(b) From public supply	Any insufficiency and where	No. of houses with privy vaults in district	No. of houses with pail closets in district	No. of pail closets substituted for privy vaults	No. of pail closets repaired	No. of houses with water closets in district	No. of water closets substituted for dry receptacles	No. of water closets repaired	Drains examined, tested, exposed, &c.
4	4	—	—	—	173	238	5	10	181	6	—	8
5	4	1	(b)	—	329	1067	2	16	311	4	3	111
I	I	—	—	—	—	750	—	—	—	4	4	6
—	—	—	—	—	—	54	—	—	6285	—	—	172
—	—	—	—	—	—	213	30	3	9	—	—	—
—	—	—	—	—	—	170	—	—	—	74	34	—
2	—	2	—	—	152	30	—	—	821	20	—	13
6	4	2	—	—	26	1334	—	9	1331	81	—	34
2	2	—	—	—	—	700	8	17	400	2	—	85
—	—	—	—	—	91	269	—	24	213	1	—	—
—	—	—	—	—	45	71	—	1	4	—	—	4
18	6	12	—	—	—	2503	—	120	3784	240	14	646
4	—	4	—	—	2	10	—	1	1472	—	2	123
8	7	1	—	—	—	300	—	—	—	—	—	5
I	—	I	—	—	26	42	—	5	96%	—	16	12
8	7	I	(h)	—	30%	70%	32	27	71	—	—	120
—	—	—	(i)	—	—	—	12	32	200	6	Several	106
—	—	—	—	—	—	—	—	—	—	—	—	20
—	—	—	—	—	Very few	1436	—	37	778	2	58	126
I	I	—	—	—	—	—	8	2	—	2	—	9
—	—	—	Only in dry weather	—	general	12%	4	—	12	—	—	38
I2	—	—	—	—	—	—	I	2	—	—	I	—
—	—	—	—	—	720	8	—	2	—	—	—	19
24	23	I	Fen Parishes	3351	1526	II	24	504	14	7	147	36
3	3	—	—	—	—	—	6	3	Not known	3	—	13
(h)	Burringham, E. Butterwick, Gunness, Kirton Lindsey, Burton Stather, W. Halton. and Broughton.	(i)	Nettleton, South Kelsey, Bishop Bridge.	—	—	—	—	—	—	—	—	15
(k)	Spilsby, Hundleby, Winthorpe, Wainfleet A. S., Welton, Orby, Candlesby and Burgh.	(l)	Bardney, Langworth & Dunholme.	—	—	—	—	—	—	—	—	—

(h) Burringham, E. Butterwick, Gunness, Kirton Lindsey, Burton Stather, W. Halton. and Broughton. (i) Nettleton, South Kelsey, Bishop Bridge.

(k) Spilsby, Hundleby, Winthorpe, Wainfleet A. S., Welton, Orby, Candlesby and Burgh.

(l) Bardney, Langworth & Dunholme.

DRAINS—continued.

SEWERS.

DISTRICT.

	New soil pipes or ventilating shafts fixed.	Existing soil pipes or ventilating shafts repaired	Drains reconstructed	New lengths of sewer laid
URBAN—				
Alford	3	3	1	—
Barton-on-Humber	6	—	7	130 feet
Brigg	1	3	—	400 yds. Woodbine Avenue
Cleethorpes	8	52	9	.21 miles
Crowle	—	—	5	61 yards
Gainsborough	—	3	5	—
Horncastle	10	2	10	1
Louth Borough	2	8	41	—
Mablethorpe & Sutton	1	—	1	$\frac{1}{2}$ mile
Market Rasen	—	—	—	—
Roxby-cum-Risby	—	—	—	—
Scunthorpe	—	—	23	3,650 feet
Skegness	—	3	1	3,246 yards
Winterton	—	—	—	—
Woodhall Spa	5	2	—	—
RURAL—				
Glanford Brigg	1	—	18	At Wootton, Howsham, Ulceby, Winteringham, Burton Stather, Appleby, Kirton Lindsey and Messingham.
Caistor	11	Several	49	336 yards
Gainsborough	—	—	—	—
Grimsby	—	6	—	—
Horncastle	4	—	8	2
Isle-of-Axholme	—	—	5	—
Louth	—	1	5	3
Sibsey	—	—	—	—
Spilsby	36	—	26	Ashby Road and Queen Street, Spilsby and Hogsthorpe.
Welton	—	1	2	4

TANKS, FILTER BEDS, &c.		CESSPOOLS.			DISINFECTION			
		Any inadequacy of sewage disposal works or complaints as to smells	Cesspools rendered impervious	Cesspools emptied, cleansed, &c.	Cesspools abolished	Rooms disinfected	(a) Ordinary infectious disease	(b) Tuberculosis
Alterations to sewage disposal works				3		5	4	1
				1		38	27	11
new filter beds				3		5	3	2
one septic tank partly remodelled				6		448	391	57
				1	1	20	16	4
				1	1	64	46	18
				1	1	36	7	14
land laid out for irrigation	At Mablethorpe		144			30	22	8
alterations in progress						8	8	
						1	1	
New Sprinkler Arms & Bearings have been fitted to Filters						195	154	41
						69	—	
old steam plant replaced			2			1	1	
						4	3	1
under-draining & new channelling			29			134	125	9
		6	40	5		79	62	17
			1			—	—	
			28	1		185	104	81
	23	16	1	5		—	—	
		4	13	1		24	19	5
			1	1		31	26	5
Pipes and Clinker laid in Filter Beds		19	3			12	10	2
			1			80	56	24
						30	24	6

DISINFECTION—continued.

HOUSE REFUSE.

DISTRICT.

DISTRICT.			Rooms stripped and cleansed	Articles disinfected or destroyed	(a) Ordinary infectious disease	(b) Tuberculosis	No. of covered ashpits	No. of uncovered ashpits	No. of bins substituted for ashpits	No. of houses using bins
URBAN—										
Alford	..	..	..	—	—	—	25	230	—	104
Barton-on-Humber	..	..	..	..	—	—	338	3	1	520
Brigg	..	..	..	—	—	—	—	—	—	300
Cleethorpes	..	..	—	2995	2533	462	—	17	7	6323
Crowle	..	..	4	wearing apparel	—	—	—	—	—	—
Gainsborough	..	..	—	700	522	178	170	—	—	—
Horncastle	..	..	—	—	—	—	44	140	10	—
Louth (Borough)	..	4	247	86	12	—	28	—	—	about 2750
Mablethorpe & Sutton	..	..	—	—	—	—	5	—	—	475
Market Rasen	..	..	—	—	—	—	109	15	2	300
Roxby-cum-Risby	..	..	—	—	—	—	24	96	—	—
Scunthorpe	..	..	—	—	—	—	—	—	—	6287
Skegness	..	..	—	34	—	—	—	—	2	90%
Winterton	..	..	—	—	—	—	—	—	—	—
Woodhall Spa	..	..	2	—	—	—	26	—	6	195
RURAL—										
Glanford Brigg	..	..	3	3	—	—	20%	60%	12	20%
Caistor	..	..	24	237	186	51	—	—	21	—
Gainsborough	..	..	—	—	—	—	—	—	—	—
Grimsby	..	..	5	52	45	6	—	—	47	2163
Horncastle	..	..	—	24	16	8	—	—	—	—
Isle-of-Axholme	..	..	24	—	—	—	75%	25%	—	4
Louth	..	..	10	—	—	—	—	—	—	—
Sibsey	..	..	—	—	—	—	—	—	—	8
Spilsby	..	..	—	—	—	—	3719	5	1721	—
Welton	..	..	—	—	—	—	—	—	—	—

(a) Sufficient for $\frac{3}{4}$ of year, but only just sufficient for summer pressure working 24 hours to the day. (b) Public scavenger at Kirton Lindsey, Burringham, Gunness, Burton Stather, Messingham, Appleby, Barnetby, Barrow, E. Halton, Goxhill, New Holland, Sth. Killingholme, Ulceby, Wrawby, Winteringham.

HOUSE REFUSE—continued.

Is refuse removed by householders or by public scavenger?	How frequently is refuse removed from each house?	No. of complaints of non-removal	Method of final disposal	Are existing arrangements for refuse removal satisfactory?	Total No. of Nuisances reported during year
					Nuisances reported
public scavenger	fortnightly	—	tipping	yes	14
public scavenger	fortnightly	3	tipping	yes	162
public scavenger	weekly	—	tipping	yes	101
public scavenger	weekly & twice weekly	7	burned and on land	yes	1871
public scavenger	every 2 months	—	on land	yes	110
public scavenger	weekly	—	destructor	yes	660
public scavenger	weekly & fortnightly	large number	tipping	yes	8
public scavenger	fortnightly	—	on land	costly	19
public scavenging	weekly	12	burned, &c.	yes	77
public scavenger	fortnightly	—	tipped	yes	3
public scavenger & householders	—	—	on land	yes	13
public scavenger	weekly	comparatively few	tipping	yes	1277
public scavenger	weekly & twice weekly	4	destructor	(a)	18
public scavenger	weekly	—	on land	yes	19
public scavenger	twice weekly	—	burned	yes	38
(b)	weekly	33	on land	fairly	547
(c)	weekly	6	do.	very	158
—	—	—	—	—	—
(d)	weekly & fortnightly	27	burned	yes	746
householders	—	—	—	—	166
householders	when required	4	on land	yes	49
householders	—	—	on land	yes	122
householders	when required	—	on land	yes	4
(e)	weekly	9	on land	yes	301
(f)	fortnightly	—	on land	yes	18

(c) Public scavenger at Caistor, Keelby, Limber and Middle Rasen.

(d) Public scavenger at Immingham, Healing, Great and Little Coates and Scarthoe.

(e) Public scavenger at Spilsby, Burgh, Wainfleet, Winthorpe and Hogsthorpe.

(f) Public scavenger at Nettleham and Saxilby

DETAILS OF NUISANCES ABATED.

DISTRICT.

URBAN—		Overcrowding	Smoke		Accumulations of refuse		Foul ditches, ponds and stagnant water		Foul pigs and other animals		Dampness		Yards re-paved or repaired		Other nuisances	
Alford	—	—	9	1	1	—	—	—	—	—	—	3	
Barton-on-Humber	—	—	1	1	2	—	—	29	30	201	—	—	—	
Brigg	—	—	1	2	—	—	24	3	70	—	—	—	
Cleethorpes	1	10	71	25	28	126	107	1439	—	—	—	—	
Crowle	—	—	10	2	—	—	27	—	60	—	—	—	
Gainsborough	4	—	—	6	—	—	5	—	27	618	—	—	—	
Horncastle	—	—	—	—	—	—	—	—	—	—	—	—	6	
Louth (Borough)	..	—	—	—	—	4	—	—	29	3	28	—	—	—	—	
Mablethorpe & Sutton	..	—	3	—	—	3	—	—	3	—	—	—	—	—	—	
Market Rasen	—	—	—	2	—	—	—	—	—	—	—	—	—	
Roxby-cum-Risby	..	—	3	—	—	—	—	—	—	—	—	—	—	—	—	
Scunthorpe	4	—	5	11	—	—	20	148	103	791	—	—	—	
Skegness	1	—	—	3	—	—	—	—	—	—	—	—	13	
Winterton	—	—	—	—	—	—	—	—	—	—	—	—	14	
Woodhall Spa	—	—	—	3	2	2	2	3	41	—	—	—	—	
RURAL—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glanford Brigg	1	—	1	12	12	4	44	18	301	—	—	—	—	
Caistor	14	—	—	16	4	16	182	13	48	—	—	—	—	
Gainsborough	—	—	—	—	—	—	—	—	—	—	—	—	—	
Grimsby	7	—	—	20	18	12	59	57	597	—	—	—	—	
Horncastle	8	—	—	5	6	11	—	—	4	14	—	—	—	
Isle-of-Axholme	—	—	—	14	7	—	3	2	23	—	—	—	—	
Louth	1	—	33	21	1	—	—	65	—	—	—	—	
Sibsey	—	—	—	—	2	—	—	—	—	—	—	—	—	
Spilsby	—	1	—	24	23	10	13	6	217	—	—	—	—	
Welton	—	—	—	10	1	2	—	—	—	—	—	—	4	

**EXTRACTS FROM THE REPORTS OF DISTRICT MEDICAL
OFFICERS OF HEALTH.**

Urban Districts.

ALFORD.

3 houses erected during the year.

Housing accommodation considered to be generally sufficient.

The number of houses receiving their water from the public supply is increasing.

BARTON-ON-HUMBER.

6 new houses were erected during the year.

Approximately 50 per cent. of the houses in the town obtain their water from pumps and wells. There is an insufficiency of supply in Far Ings Road. X

The water carriage system for the disposal of excreta could be considerably extended. X

There is still a shortage of houses in the district, and consequent overcrowding.

BRIGG.

46 new houses were erected during the year.

The houses in Bridge Street are the only ones not supplied from the public supply.

There are approximately 750 pail closets in the district. X

CLEETHORPES.

152 new houses were erected during the year.

Many new houses are in the course of erection.

The water supply is excellent.

There are 54 houses with pail closets.

CROWLE.

4 new houses were erected during the year. There is still a demand for more houses to alleviate overcrowding.

A water supply for the district is under consideration.

There are 230 houses with pail closets, and 9 with water closets. X

GAINSBOROUGH.

170 houses have pail closets. In 74 cases water closets were substituted for dry receptacles.

41 new houses were erected during the year.

HORNCastle.

One new house was erected during the year. There were about 6 cases of overcrowding reported.

Practically all the houses are supplied with water from the public supply except houses on outskirts of district.

~~150 houses have privy vaults, and 821 have water closets.~~

The Council have now passed by-laws stipulating the substitution of galvanised iron receptacles for refuse.

LOUTH.

26 new houses were erected during the year.

There are 84 per cent. of the houses using the public water supply.

An Inspector has been appointed to visit cowsheds and dairies, and his report is satisfactory.

~~There has been some pollution of the river Lud. A scheme for remedying this pollution is in hand, and will be carried out as soon as arrangements can be made.~~

81 water closets were substituted for dry receptacles.

~~There are 26 houses with privy vaults, and 1,334 with pail closets.~~

Arrangements have been made with the Grimsby Borough Council for the isolation of cases of Smallpox at the Scartho Isolation Hospital.

MABLETHORPE AND SUTTON.

71 houses were built during the year.

~~There is no public water supply. 54 new wells were sunk during the year.~~

~~The sewage disposal works at Mablethorpe are inadequate.~~

MARKET RASEN.

One new house was built during the year.

~~There are 91 privy vaults, 269 pail closets and 213 water closets in the district.~~

ROXBY-CUM-RISBY.

No new houses were built during the year. There is ample accommodation.

75 houses are supplied with water from the public supply, and 45 from wells.

~~45 houses have privy vaults, 71 pail closets, and 4 have water closets.~~

SCUNTHORPE.

297 houses were completed during the year.

The town has a public water supply which is constant and of good quality.

The Medical Officer of Health advocates the provision of premises for the cleansing of verminous persons.

Owing to the scattered nature of the district a motor disinfecting vehicle is said to be a necessity.

SKEGNESS.

There is a marked shortage of houses. No new houses are being built by the Council. 76 were erected during the year.

The public water supply is satisfactory.

The provision of a central abattoir would appear to be a matter for consideration.

WINTERTON.

4 new houses were built during the year.

About 70 per cent. of the houses in the district obtain their water from the public supply.

WOODHALL SPA.

5 new houses were erected during the year.

96 per cent. of the houses obtain their water from the public supply.

There are 26 houses with privy vaults, 42 with pail closets, and 96 per cent. with water closets.

Rural Districts.

GLANFORD BRIGG.

104 new houses were built during the year.

There is an insufficiency of water at Burringham, East Butterwick, Gunness, Kirton Lindsey, Burton Stather, West Halton and Broughton.

CAISTOR.

8 houses were erected during the year.

About 20 per cent. of the houses in the district obtain their water from the public supply. There is an insufficiency of drinking water at Nettleton, South Kelsey and Bishop Bridge.

About 200 houses are provided with water closets.

There is a public scavenger in the parishes of Caistor, Keelby, Limber and Middle Rasen.

GAINSBOROUGH.

The water supply is reported to be as before.

~~The Trent, the only river, is very much polluted.~~

~~23 houses were erected during the year.~~

GRIMSBY.

158 houses were erected during the year.

A large percentage of the houses in the district are supplied from the public water supply.

HORNCastle.

15 houses were erected during the year. There are still several cases of overcrowding.

The water supply of the district is chiefly from shallow wells. A few houses at Hemingby and West Ashby are supplied from the public supply of the Horncastle Water-works Company.

~~There are still many houses with privy middens in the district.~~

ISLE OF AXHOLME.

4 houses were built during the year.

~~The water supply of the district is chiefly from stored rain water.~~

LOUTH.

42 houses were erected during the year.

SIBSEY.

There is no acute shortage of houses, but new houses are required to replace those in a bad state of repair.

~~X~~ The water supply is mostly derived from stored rain water in shallow wells, which is not very satisfactory.

There are 720 houses with privy vaults, and 8 with pail closets.

SPILSBY.

40 new houses were erected during the year.

The parishes of Spilsby, Hundleby, Winthorpe, Wainfleet-All-Saints, Welton, Orby, Candlesby and Burgh obtain their water from the public supply. There is an insufficiency of water in the Fen District, and Boston Road, and Reynard Street, Spilsby.

WELTON.

36 houses have been erected during the year.

The parishes of Bardney, Langworth and Dunholme are supplied with water from a public supply.

